Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, April 10, 2024 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, PPH

1. **Call to Order**

    1.1. **Land Acknowledgement**

    Example: We respectfully acknowledge that we are on the Treaty 20 and traditional territory of the Mississauga Anishnaabeg. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

4. **Consent Items to be Considered Separately**

    Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1.1 9.2 a b c d 9.3.1*

5. **Delegations and Presentations**

6. **Confirmation of the Minutes of the Previous Meeting**

    - Cover Report
    - a. Minutes, March 13, 2024

7. **Business Arising From the Minutes**

8. **Staff Reports**

    8.1. **Presentation: Chief Medical Officer of Health 2023 Annual Report**

    - Cover Report
    - a. CMOH Report *(web hyperlink)*
    - b. Presentation

8.2. Staff Report: Association of Local Public Health Agencies Membership Renewal

- Cover Report

a. alPHa Letter, April 1/23
b. alPHa Invoice for 2024-25 Membership
c. alPHa E-mail, April 3/24, re: merging PHUs
d. PPH BOH Letter to alPHa, May 22, 2020

8.3. Oral Report - Merger Update

- Cover Report

a. Joint Letter to Minster Jones, Apr. 2/24

9. Consent Items

9.1. Correspondence for Direction

9.1.1. MLHU - Provincial and Federal Restrictions on Nicotine Pouches

- Cover Report

a. MLHU Letter

9.2. Correspondence for Information

- Cover Report

a. Premier Ford Response – Strengthening Public Health
b. Minister of Finance Response – Alcohol
c. alPHa – Ontario Budget
d. alPHa – CMOH Annual Report

9.3. Staff Reports

9.3.1. Staff Report: Summary of PPH Annual Service Plan Submission

- Staff Report

a. 2024 Summary of Expenditures by Standard

9.4. Committee Reports ***(nil)***

10. New Business

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001, Section 239(2)
(d) labour relations or employee negotiations; and,
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.

12. Motions for Open Session

13. Date, Time, and Place of the Next Meeting

Wednesday, May 8, 2023, 5:30 p.m.
Peterborough Public Health

14. Adjournment

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Approval of Meeting Minutes
DATE:	April 10, 2024
PREPARED BY:	Wendy Freeburn, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on March 13, 2024.

ATTACHMENTS

a. Board of Health Minutes, March 13, 2024

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, March 13, 2024 – 5:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough

DRAFT

In Attendance:

Board Members:
Deputy Mayor Ron Black
Warden Bonnie Clark
Mayor Matthew Graham
Mr. Paul Johnston
Councillor Joy Lachica, Chair
Dr. Ramesh Makhija
Mr. Dan Moloney (virtual)
Councillor Keith Riel
Dr. Hans Stelzer
Councillor Kathryn Wilson (virtual)

Regrets:
Councillor Dave Haacke
Mr. Scott Baker
Ms. Alida Gorizzan
Councillor Nodin Knott

Guests:
Mr. Richard Steiginga, CPA, CA, Baker Tilly Kawarthas LLP

Staff:
Ms. Hallie Atter, Director, Health Promotion Division
Ms. Donna Churipuy, Director, Health Protection Division & Chief Nursing Officer
Ms. Wendy Freeburn, Executive Assistant (Recorder)
Dr. Thomas Piggott, Medical Officer of Health & CEO
Mr. Larry Stinson, Director of Operations

1. Call to Order and Land Acknowledgement

Deputy Mayor Lachica, Chair, called the meeting to order at 5:32 a.m.

1.1. Provincial Appointment Renewals

The Chair reported that appointments for Mr. Dan Moloney and Mr. Paul Johnston have been approved for three-year terms by the Province.

The Chair reported Mr. Scott Baker is putting forward his resignation from the Board of Health. The Chair thanked Mr. Baker for his skills, expertise, voice and contributions at this table.

2. **Confirmation of the Agenda**

MOTION:
That the agenda be approved as circulated.
Moved: Mr. Moloney
Seconded: Warden Clarke
Motion carried. (M-2024-026)

Councillor Wilson and Mr. Maloney joined the meeting at 5:39 p.m.

3. **Declaration of Pecuniary Interest**

4. **Consent Items to be Considered Separately**

MOTION:
That the following items be passed as part of the Consent Agenda: 9.2a, 9.2b, 9.2c, 9.2d, 9.2e, 9.3.1, 9.3.2, 9.3.3, 9.3.4.
Moved: Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2024-027)

MOTION (9.2.a b c d e):
That the Board of Health for Peterborough Public Health receive the following for information:

a. E-newsletter dated February 5, 2024 from the Association of Local Public Health Agencies (alPHa).
b. Email dated February 9, 2024 from the Premier to the Board Chair, in response to the Chair's original letter dated January 31, 2024 regarding intimate partner violence.
c. Email dated February 19, 2024 from Health Canada to the Board Chair, in response to the Chair's original letter dated January 31, 2024 regarding indoor air quality. Note: As suggested by Mr. Carreau, the original correspondence has been forwarded to the National Research Council of Canada.
d. Letter dated February 27, 2024 from the Board Chair to Minister Jones regarding the funding announcement for a Community Health Centre in Peterborough.
e. Letter dated February 27, 2024 from the Board Chair to Warden Clark and County Council regarding the merger announcement. Note: Similar letters were sent to City Council, Curve Lake and Hiawatha First Nation Councils, local MPPs and MPs.

Moved: Mayor Graham
Seconded: Dr. Stelzer

DRAFT

Motion carried. (M-2024-027)

MOTION (9.3.1):
That the Board of Health for Peterborough Public Health receive the staff report, Summary of Complaints, 2023, for information.
Moved: Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2024-027)

MOTION (9.3.2):
That the Board of Health for Peterborough Public Health receive the staff report, Summary of Donations, 2023, for information.
Moved: Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2024-027)

MOTION (9.3.3):
That the Board of Health for Peterborough Public Health receive the staff report, Summary of Research Activities, 2023, for information.
Moved: Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2024-027)

MOTION (9.3.4.):
That the Board of Health for Peterborough Public Health:
- receive the staff report, Audit Letter of Engagement,2023, for information;
- engage the audit services of Baker Tilly Kawarthas LLP; and
- authorize the Chair and Vice-Chair to sign the Letter of Engagement.

Moved: Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2024-027)

5. **Delegations and Presentations**

6. **Confirmation of the Minutes of the Previous Meeting**

MOTION:
That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on February 21, 2024
Moved: Councillor Wilson
Seconded: Dr. Makhija

DRAFT

Motion carried. (M-2024-028)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Presentation: Adverse Childhood Experiences and Resilience

MOTION:
That the Board of Health for Peterborough Public Health receive the following presentation for information:
• Title: Adverse Childhood Experiences and Resilience
• Presenters:
  - Kara Koteles, RN, BScN, Public Health Nurse, Family & Community Health
  - Kate Dunford, RN, BScN, Public Health Nurse, Family & Community Health

Moved: Warden Clarke
Seconded: Dr. Makhija
Motion carried. (M-2024-029)

8.2. Presentation: Safe Sewage Program Divestment Update

Donna Churipuy provided the update of the Safe Sewage Program Divestment in Julie Bromley's absence.

The Board sent their thanks to Julie Bromley, Manager, Environmental Health for her expertise, leadership and extensive work on the Safe Sewage Program Divestment.

The Board sent their congratulations to Kathleen Shepherd, Public Health Inspector, on her retirement and their gratitude for providing her services beyond her retirement to ensure the divestment is successful. They noted Kathleen is well known and well respected for her work at Peterborough Public Health.

MOTION:
That the Board express their congratulations on her retirement and send their gratitude and well wishes to Kathleen Shepherd for her long tenure of 37 years with Peterborough Public Health.
Moved: Warden Clarke
Seconded: Deputy Mayor Black
Motion carried. (M-2024-030)

MOTION:

DRAFT

That the Board of Health for Peterborough Public Health receive the following presentation for information:

- Title: Safe Sewage Program Divestment Update
- Presenter: Donna Churipuy for Julie Bromley, Manager, Environmental Health (Absent)

Moved: Mr. Johnston
Seconded: Mayor Graham
Motion carried. (M-2024-031)

8.3. Merger Exploration Update

Two motions were presented for consideration by the Board of Health. It was determined that further confidential discussion would occur in camera, and that the motions would be considered after that item.

9. Consent Items

MOTION (9.4.1):
That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from December 15, 2023 for information.
Moved: Mayor Graham
Seconded: Dr. Makhija
Motion Carried. (M-2024-032)

10. New Business

10.1. Board of Health Committees

MOTION
That the Board of Health for Peterborough Public Health receive the report, Board of Health Committees Update, for information.
Moved: Mayor Graham
Seconded: Warden Clarke
Motion carried. (M-2024-033)

The board recessed for ten minutes at 6:42 p.m.

11. In Camera to Discuss Confidential Matters

The Chair noted the addition of item (k) to the in-camera session confirming two reasons for going in camera, in accordance with the Municipal Act, 2001, Section 239 (2):

- *(b) Personal matters about an identifiable individual, including Board employees*
- *(k) a position, plan, procedure, criteria or instruction to be applied to any*

DRAFT

negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c.25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

MOTION:
That the Board of Health for Peterborough Public Health go in camera at 6:52 p.m. to discuss the agenda, approved as amended.
Moved: Dr. Makhija
Seconded: Dr. Stelzer
Motion Carried: (M-2024-34)

MOTION:
That the Board of Health rise from the In-Camera session at 8:10 p.m.
Moved: Dr. Stelzer
Seconded: Deputy Mayor Black
Motion Carried. (M-2024-035)

12. <u>Motions for Open Session</u>

The Chair noted there were no motions from the in-camera session to report in open session.

The following motions were passed in relation to item 8.3:

MOTION:
WHEREAS, the Board of Health understands that full and adequate funding for voluntary public health unit mergers will be supported by the Ministry of Health;

WHEREAS, the Board of Health believes that a merger of the Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU) and Peterborough Public Health (PPH) Boards of Health will result in a more effective level of service to all area residents; and

WHEREAS, the Board of Health seeks to maintain or enhance the existing partnerships with First Nations in communities served by the Health Units;

Therefore, be it resolved that the Board of Health for Peterborough Public Health:

- Intends to pursue a merger with the Board of Health for HKPRDHU; and
- Agrees to work together to develop a business case and funding proposal regarding the merger, subject to sufficient funding being provided by the Ministry of Health as specifically outlined in the business case; and
- Create a joint Board of Health Merger Steering Committee, with equal membership from both HKPRDHU and PPH, to support the development of a Business Case and guide collaborative work towards a merger.

Moved: Mayor Graham

DRAFT

Seconded: Dr. Stelzer
Motion carried. (M-2024-036)

MOTION:
That the Board of Health for Peterborough Public Health:

- approve the Joint Merger Steering Committee (JMSC) Terms of Reference, as circulated; and,
- appoint the following members to the JMSC: Deputy Mayor Joy Lachica, Councillor Kathryn Wilson and Deputy Mayor Ron Black.

Moved: Mayor Graham
Seconded: Dr. Stelzer
Motion carried. (M-2024-037)

13. Date, Time, and Place of the Next Meeting

Note: A special meeting in late March may be required.

Next regularly scheduled meeting:
Wednesday, April 10, 2023, 5:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Dr. Makhija
Seconded by: Councillor Riel
Motion carried. (M-2024-038)

The meeting was adjourned at 8:12 p.m.

______________________________ ______________________________
Chairperson Medical Officer of Health

DRAFT

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Chief Medical Officer of Health 2023 Annual Report**
DATE:	**April 10, 2024**
PREPARED BY:	**Carolyn Doris, Manager, Family and Community Health**
APPROVED BY:	**Hallie Atter, Director, Health Promotion Division** **Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report and presentation, Chief Medical Officer of Health 2023 Annual Report, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

The Board of Health has not previously made a decision with regards to this specific report; however, the drug poisoning crisis has been highlighted as a focus of the 2022-2025 Peterborough Public Health Strategic Plan.

BACKGROUND

Annually the Chief Medical Officer of Health (CMOH) of Ontario presents a Report to the Legislative Assembly of Ontario pursuant to s. 81 (4) of the Health Protection and Promotion Act, 1990. The 2023 Report, titled “Balancing Act: An All-of-Society Approach to Substance Use and Harms” was presented on March 28, 2024.

The report recommends taking an all of society, health-first approach to reducing substance-use harms and finding the balance between both “long-term, upstream efforts to build healthy communities whose citizens have the knowledge, skills and supports to avoid substance use harms; and more immediate, short-term efforts to respond to substance-specific challenges and opportunities, like the opioid toxicity crisis”.

RATIONALE

The focus of the Balancing Act report is on tobacco and vaping products, cannabis, alcohol and opioids in Ontario. A copy of the report is included as an attachment.

The report also notes that "a comprehensive whole-of-society population health approach requires interventions across the full spectrum of substance use, from prevention to harm reduction to treatment". This aligns with current work locally with the Peterborough Drug Strategy and within the Family and Community Health team.

STRATEGIC DIRECTION

This report applies to the following strategic direction: Our Community - People who use drugs (PWUD) have enhanced access to public health services and supports in our collaborative response to the drug poisoning crisis.

ATTACHMENTS

a. CMOH 2023 Annual Report *(web hyperlink)*
b. Presentation

Balancing Act

An All-of-Society Approach to Substance Use and Harms

Overview of CMOH
2023 Annual Report
Date: Apr. 10/24

Measuring Substance Use Harms

Harms and Estimated Costs Attributable to Substance Use in Ontario, 2020

Substance use attributable harms	Tobacco	Alcohol	Cannabis	Opioids
Deaths	16,296	6,201	108	2,415
Hospitalizations	54,774	47,526	1,634	3,042
Emergency Department Visits	72,925	258,676	16,584	28,418
Total Costs	**$4.18 billion**	**$7.11 billion**	**$0.89 billion**	**$2.73 billion**

Source: Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. Available from https://csuch.ca/explore-the-data/

Measuring Substance Use Harms

$18 Billion	5 X	4.5 X
In 2020, the harms associated with substance use cost Ontario about $18 billion[vii] – or $1,234 per person – in health care, social and legal/policing costs.[19] **$1,234 per person**	Those costs are more than five times as much as the Ontario government collected in income[viii] from alcohol sales ($2.55 billion)[20] in 2021-22 and from estimated taxes on tobacco ($840 million)[21] and cannabis sales ($194 million)[21] in 2023.	The costs are also about 4.5 times the amount the province spent on all its population and public health programs in 2021-22 (during the COVID-19 pandemic), and almost 14 times the amount spent on population and public health programs in 2019-20 (pre-COVID)[22].

[vii] Substance use cost is based on overall costs from alcohol, tobacco, cannabis, opioids, other central nervous system depressants, cocaine, other central nervous system stimulants and other substances.

Pandemic Trends

During the COVID-19 pandemic, Ontario saw disturbing trends in substance use and harms, including:

- more people, who had not previously smoked tobacco, using vaping products that contain nicotine (the highly addictive substance in tobacco)
- more adults using cannabis and more cannabis-related emergency department visits
- a significant increase in alcohol toxicity deaths
- more polysubstance use (i.e. alcohol and cannabis, opioids with benzodiazepine, alcohol and/or cannabis), which increases the risk of death
- the growing number of youth in grades 7 to 12 who reported using alcohol and cannabis more frequently, and the growing number using toxic unregulated opioids.

The Upstream and Downstream Drivers of Substance Use

Upstream factors, such as early life experiences, and the social and structural determinants of health – which affect people's sense of belonging and social connection, and their ability to get the services and supports they need.

Downstream factors, such as the nature of the substance (e.g. the product, how it's used, how toxic/predictable the supply is, how addictive it is), and the social environment (e.g. how accepted its use is, how easy it is to access, how it's priced and promoted).

An All-of-Society Approach to Improve Health and Reduce Substance Use Harms

Recommendations

The aim of **tobacco/vaping products** strategy is to:

- Meet the 2035 national target of fewer than 5% of the population using tobacco (e.g. increase taxes, age of purchase, and availability of smoking cessation treatment)
- Develop and enforce a broad regulatory framework (i.e. beyond tobacco) that covers all vaping and nicotine-containing products
- Review and strengthen policies that reduce smoking and vaping (e.g. tobacco/nicotine pricing and taxation)
- Prevent/reduce vaping among youth, most of whom have never smoked, are too young to legally purchase vaping products, and are highly susceptible to nicotine addiction
- Prevent non-smokers from vaping nicotine products (e.g. make them less appealing, ban flavoured products and disposable vapes)
- Limit online advertising and sales of tobacco/vaping products.

The aim of the **cannabis** strategy is to:

- Reduce high rates of cannabis use by youth and young adults whose brains are highly vulnerable to its ill effects (e.g. increase age of purchase)
- Promote Health Canada's Low Risk Cannabis Guidelines
- Reduce high risk cannabis use behaviours, including during pregnancy, if driving, among people with mental health problems, and polysubstance use (e.g. cannabis and alcohol, cannabis and opioids)
- Work with the federal government to reduce the risks associated with edibles, including the increasing incidence of pediatric poisonings by requiring safeguards (e.g. child-proof packaging, warning labels)
- Limit online advertising and sales of cannabis products
- Train more providers in evidence-based management of cannabis use disorder.

Recommendations

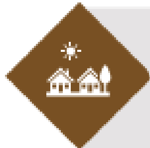
The aim of the **alcohol** strategy is to:

- Shift social norms by making Ontarians more aware of new evidence on alcohol-related harms, particularly its carcinogenic effects, and the risks/harms associated with binge drinking, hazardous drinking, drinking and driving, and drinking during pregnancy (e.g. warning labels)
- Promote Canada's new Guidance on Alcohol and Health
- Bring down rising rates of alcohol use among youth and women
- Monitor the harms of alcohol on youth aged 19 to 21 and explore whether to revisit the current minimum legal drinking age
- Review and strengthen policies that reduce the risk of alcohol-related harms (e.g. alcohol pricing and taxation)
- Monitor the impact of any increases in alcohol retail outlets or hours of sale, and develop a strong regulatory framework to enforce alcohol regulations in all outlets where alcohol is sold
- Limit online marketing and sales of alcohol
- Increase access to effective treatments for people with alcohol use disorder.

The aim of the **opioid** strategy is to:

- Raise awareness of the risks associated with the toxic, unregulated drug supply
- Improve access to housing, mental health, and other services that can help people avoid or reduce unregulated opioid use and its harms
- Decriminalize simple possession of unregulated drugs for personal use as recommended by the Chiefs of Police of Ontario and has been done in other jurisdictions, including British Columbia, Oregon, and Portugal
- Develop programs that direct people who use opioids to health services rather than the criminal justice system
- Provide non-judgmental services that reduce the negative impacts of criminalization on people who use opioids (e.g. stigma, discrimination, lack of access)
- Meet the urgent harm reduction needs of people struggling with opioid addiction (e.g. consumption treatment services, naloxone kits, sterile supplies, safer supply programs) while supporting community safety
- Improve access to timely, low-barrier evidence-based treatment programs
- Enhance harm reduction program (e.g. consumption treatment services) that are integrated in the community and offer broad-based services and connections to care
- Ensure harm reduction and treatment services can adapt quickly to changes in substance use patterns (e.g. the shift from injecting to smoking/inhaling opioids)
- Support the families and friends of people who use opioids as well as workers who provide prevention, harm reduction, and treatment services.

Recommendations



Communities, including **leaders, organizations, networks, service providers, people with lived and living experience of substance use, and their families and neighbours**, to come together to build community coalitions and create supportive local environments.

Local, provincial, federal and Indigenous governments and agencies to:

- Invest in programs and services that address the upstream social factors, such as equitable access to income, education, housing, and child care, that contribute directly and indirectly to people initiating or continuing substance use
- Increase the investment in public health programs, such as Healthy Babies, Healthy Children, that support healthy child development and strong families and communities
- Enforce legislation on the sale of illegal tobacco, alcohol, and cannabis products
- Earmark a portion of any settlement from litigation against a company for knowingly marketing a substance that causes harm to fund public health measures to reduce those harms.

Recommendations

Public health and social services to work together and with community partners to:

- Engage with community coalitions, including non-governmental organizations, to develop community substance use committees as well as policies and resources to support local action
- increase local substance use prevention interventions, such as positive parenting, social-emotional learning, and youth hub services

Organizations at all levels (local, provincial, national, Indigenous) responsible for developing and delivering policies, programs and services to reduce substance use harms to:

- Partner and engage people with lived and living experience with substance use in the design of those interventions, recognizing their knowledge, expertise and relationships, and providing employment opportunities
- Work collaboratively with populations at greatest risk of substance use harms to enhance health equity
- Increase access to culturally competent and culturally safe, trauma-informed care and services for people who use substances – including those with addictions and those experiencing other substance use harms – and their families
- Address the systemic and structural stigma, racism and discrimination that people who use substances experience when they access health, social, housing, and legal services.

Recommendations

The **public health sector** to:

- Enhance the province's capacity to conduct surveillance and assess population health related to substance use, harms, risk and protective factors, equity considerations, and specific substances that are causing harms, including the toxic drug supply
- Evaluate policies and programs that may have an impact on substance use and harms and/or on health equity, to build evidence and advance healthy public policy
- Determine whether the public health standard related to substance use should be updated to meet emerging needs
- Continue to educate the public and increase awareness of substance use harms
- Continue to work with regulators to enforce age restrictions on the sale of all regulated substances.

Recommendations

The **health care system** to:

- Build on the Roadmap to Wellness to develop a comprehensive, connected mental health and addiction system that improves quality and access, expands existing services, and implements innovative solutions
- Provide effective and acceptable treatment for conditions that make people vulnerable to substance use and its harms, including stress, anxiety, depression and other mental health conditions, and chronic pain
- Establish recommended minimum wait times for Ontarians to access addiction and mental health treatment services
- Enhance the capacity of primary care to assess, monitor, and treat substance use disorders
- Enhance and ensure equitable access to evidence-based screening, diagnosis, crisis response, withdrawal management, and treatment for substance use disorders in primary care and acute care settings such as emergency departments and hospitals
- Enhance access to evidence-based treatment programs within correctional facilities as well as continuity of care and supports post-release
- Enhance and ensure equitable access to evidence-based treatments, including pharmacotherapy as well as longer-term and residential treatment programs

If we do not invest upstream, more Ontarians will die preventable deaths, families will continue to suffer, and the province will continue to spend billions each year to cover the health care, social and legal/ policing costs of substance use harms.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Association of Local Public Health Agencies Membership
DATE:	April 10, 2024
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:
- receive the letter dated April 1, 2024 from the Association of Local Public Health Agencies (alPHa) regarding 2024-25 membership; and,
- approve the 2024-25 membership fee in the amount of $11,521.94.

BACKGROUND

PPH recently received the annual membership renewal request from alPHa for the 2024-25 period. On April 3rd, an additional email was issued by alPHa directed to public health units currently engaged in merger exploration activities (item c).

For information, in May 2020, the Chair sent a letter to alPHa (item d) relaying expectations of our Board for continuing its financial support of alPHa largely driven by its response and advocacy related to the former provincial initiative to modernize public health in 2019/20.

Recent alPHa membership fees/increases for PPH are as follows:
- 2022 - $10,871.29 (+$265.16 or 2.44%)
- 2023 - $11,143.08 (+$271.79 or 2.5%)
- 2024 - $11,521.94 (+$378.86 or 3.4%)

ATTACHMENTS

a. alPHa Letter, April 1/23
b. alPHa Invoice for 2024-25 Membership
c. alPHa E-mail, April 3/24, re: merging PHUs
d. PPH BOH Letter to alPHa, May 22, 2020

alPHa
Association of Local PUBLIC HEALTH Agencies

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org
Tel: (416) 595-0006
E-mail: info@alphaweb.org

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

April 1, 2024

RE: 2024-2025 alPHa Membership

Dear Dr. Thomas Piggott,

It is time for your board of health to renew its membership in the Association of Local Public Health Agencies (alPHa), the collective voice of Ontario's public health agencies.

alPHa continues to offer active and outstanding support to its members by providing Ontario's Boards of Health, Medical Officers of Health, and Affiliate organizations with a strong and unified voice on issues that affect local public health. Each of Ontario's 34 boards of health is a current member in good standing, and this is essential continued strength and unity.

Over the past year, alPHa has continually profiled the importance of public health's upstream focus on prevention, communicated the key role local public health plays in communities, and reinforced the extraordinary value of the work carried out by Ontario's public health professionals every day.

Through alPHa's Board of Directors, BOH Section, COMOH Section, and Affiliate organizations, the voice of local public health is actively represented at a variety of tables and heard by numerous stakeholders, including government ministries, the Office of the Chief Medical Officer of Health, Public Health Ontario, and Ontario Health. alPHa continues to forge strong alliances with other organizations that support the aims of public health, such as the Ontario Medical Association and the Association of Municipalities of Ontario.

After more than a year of consultation, and considerable work by staff and volunteers, alPHa's 2024-2027 Strategic Plan was approved by the Board of Directors on December 12th. Thank you to the membership for your participation in its creation, including at the Fall Symposium on November 24th. The Plan was officially launched at the Winter Symposium on February 16th, representing the culmination of this important work to strengthen local public health. Under the banner of alPHa's Mission: Serving Ontario's local public health agencies for a strong public health system, this new plan aims to convene the leadership of local public health agencies to operate on four core tenants:

- Be the unified voice and a trusted advisor on public health.
- Advance the work of local public health through strategic partnerships and collaborations.
- Support the sustainability of Ontario's local public health system.
- Deliver member services to local public health leaders.

alPHa will continue to ensure members are supported in their role as public health leaders through the Strategic Plan and that members are actively engaged in the association.

During the past fiscal year, alPHa has, as always, been very active in corresponding with decision-makers on a variety of public health program, governance and resource matters; developing public policy submissions, reports and other communications tools meant to reinforce the value of public health through election materials, infographics, and videos; and taking positions on topics identified as priorities by its members via alPHa Resolutions. The common theme of public health's return on investment was strong throughout, highlighting the need for the full resourcing of public health programs and services, both routine and emerging. alPHa continues to use these materials as a foundation for advocacy on behalf of its members for a stable, sustainable, resilient, and locally based public health system in Ontario.

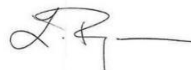
In addition, alPHa continues to provide relevant and timely information to members as well as facilitating ongoing discussion among them regarding developments in public health policy. Our e-mail lists, website and newsletter keep information and discussions going in between regular meetings (over 50 per year) of alPHa's Board and its subcommittees (i.e. alPHa, COMOH Section, BOH Section, Affiliates, and Executive Committees).

These materials and communicating with a unified voice for local public health will be especially important in the coming year, as the Province continues with its Strengthening Public Health initiative that includes voluntary mergers, a review of the Ontario Public Health Standards, and a review of the overall funding model for our members.

Our Annual Conference and Fall & Winter Symposiums are also an important opportunity for the true "collective voice" to assemble. alPHa continues to attract high profile speakers to these events, which this year included our first in-person AGM and Conference since 2019 in June 2023, the 2023 Fall Symposium, the 2024 Winter Symposium, a special conference for EAs/AAs and workshops on human rights in the workplace, risk communication, climate change, and personal resilience. We were also pleased to rebrand our "Fitness Challenge" to "Workplace Health and Wellness Month" that we will continue to promote each May, with additional resources being made available throughout the year. The response from the membership has been overwhelmingly positive and we are pleased to provide these to our members.

We are looking forward to holding our next in-person conference in Toronto, which will include our 2024 AGM, plenary sessions, Section meetings and more, from June 5th to 7th. Only delegates from members of alPHa are permitted to attend these essential public health events, so please remember to renew your membership on time! We cannot do it without you, though, and we need your support. Enclosed is an invoice for the 2024-2025 annual membership renewal for your public health agency with alPHa. We are all made stronger through the work we do together, and we thank you for your commitment.

Sincerely,



Dr. Charles Gardner,
President

Loretta Ryan,
Executive Director

Association of Local Public Health Agencies (alPHa)
PO Box 73510, RPO Wychwood
Toronto ON M6C 4A7

INVOICE

BILL TO
Peterborough Public Health
Jackson Square 185 King
Street
Peterborough ON K9J2R8
Attn: Dr. Thomas Piggott

INVOICE # 74604
DATE 01/04/2024
TERMS Net 30

DESCRIPTION	AMOUNT
alPHa Membership Fees 2024-2025	10,196.41

Payment is by electronic fund transfers only. Banking detailsare below.

If you have questions as to how to make payment, please contact info@alphaweb.org

SUBTOTAL	10,196.41
HST (ON) @ 13%	1,325.53
TOTAL	11,521.94
BALANCE DUE	**$11,521.94**

BANKING DETAILS:

Bank name: Royal Bank of Canada
Bank No: 003
Transit No: 06542
Account No: 100-449-8

HST Registration No: 12738 0822 RT0001

From: Loretta Ryan
Sent: Wednesday, April 03, 2024 1:38 PM
Subject: alPHa Membership Renewal for Boards of Health That Are Merging

Hello,

I hope that all is well.

It has been brought to our attention there might be some questions with regards to alPHa membership and dues when the new Boards of Health are in place on January 1, 2025.

Please be assured that any members who renew their alPHa membership for the April 1st, 2024 to March 31st, 2025 fiscal year will continue to have their membership valid under the new entity until renewal time on April 1st 2025 when we look forward to you renewing as a new Board.

Thank you for your support for alPHa. As always, happy to answer your questions.

Take Care,

Loretta

____

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
Our mailing address has changed:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
Tel: 416-595-0006 x 222
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

May 25, 2020

Carmen McGregor
President
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3

Dear Ms. McGregor:

Please find enclosed Peterborough Public Health's membership renewal for 2020-21.

The issue of renewing our membership was actively discussed at our recent Board meeting. As part of our renewal, I was asked to relay to you expectations of our Board for continuing its financial support of alPHa.

The past year has been challenging for public health in Ontario. During the past few months our member organizations have been focused on addressing a host of issues arising from the COVID-19 pandemic, working hard to protect the health of our residents and helping to inform and co-ordinate efforts across the Province.

In the first part of the year, boards of health were faced with a series of financial and structural recommendations from the Provincial government which were arbitrarily proposed and lacked critical consultation. A significant effort was required to ensure the Province modified its proposal in the short term and to encourage the government to seek broader consultation to develop longer term solutions.

The Board of Peterborough Public Health recognizes the need for alPHa to strike a balance between partnering with the government while at the same time promoting the interests of its members. In striking such a balance we appreciate the need to secure the trust of the government and the need to provide critical advice in a responsible manner. These are not times for us to be divided – we expect alPHa to work collaboratively with OPHA and other provincial agencies on issues of mutual interest, and to share our scarce resources to ensure that we all benefit.

Our Board believes that in moving forward the membership needs to be kept better informed of alPHa's advocacy activities and have a more robust role in shaping it. Governments generally do not like criticism however they do understand the need for organizations like alPHa to advocate for its membership and to be seen to be doing so.

The Government has indicated a keen desire to find financial and operational efficiencies in respect of public health. These were outlined in its discussion paper released last December. Peterborough Public Health supports these objectives however believes that alPHa needs to aggressively and publically advocate that the strategies used to achieve these objectives must align with important principles including:

- reform should be focused on improving health outcomes for people through prevention and health promotion;
- investing in public health should be acknowledged as a critical strategy in reducing hallway medicine;
- consolidations of smaller boards of health should be around community of interests;
- local public health requires sustainable and predictable provincial funding;
- local municipal financial contributions need to reflect the ability to pay;
- governance should include accountability to local Councils;
- change should be evidenced based; and
- changes should be driven through collaborations respecting provincial & local interests.

As a Board we are committed to working with alPHa and the government to ensure that public health in Ontario is focused on improving the health outcomes of our residents in a manner that is cost effective and takes into account the diverse nature of our province.

I look forward to working with you on these issues in the year ahead.

Best regards,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Oral Report - Merger Update
DATE:	April 10, 2024
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

- Oral Report - Merger Update; and,
- Letter dated April 2, 2024 to Minister Jones from HKPR/PPH Board Chairs, with copies to the Ontario Chief Medical Officer of Health, Local MPPs and Local Councils, regarding the business case submission.

BACKGROUND

The merger business case was submitted to the Province by the deadline of April 2nd. The Joint Merger Steering Committee (JMSC) which includes the Board Chair, Councillor Wilson and Deputy Mayor Black, continues to meet to support ongoing planning and governance decisions associated with the merger.

ATTACHMENTS

a. Joint Letter to Minister Jones, April 2/24

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Peterborough Public Health

April 2, 2024

The Honourable Sylvia Jones
Deputy Minister / Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones:

RE: Merger Business Case Submission

As Chairs of the Boards of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and Peterborough Public Health (PPH), it is our pleasure to write to you today to submit our business case in support of a voluntary merger between our Boards of Health.

We have been encouraged to see the provincial commitment to strengthening the public health system that is led by the sector and funded provincially. We know from the experience of COVID-19 that public health plays a critical role in serving our local communities, and it is our intention as Board of Health Chairs to further strengthen the services provided and the capacity of our organizations to deliver robust and equitable public health services.

Our boards have undertaken comprehensive and thoughtful analysis on the feasibility of a merger between HKPR and PPH, following careful consideration of other neighbouring health unit partners.

To ensure this merger is a success, our boards hope to receive full and comprehensive funding from the provincial merger support fund. Each board's motion to intend to merge has referenced the adequacy of provincial funding as critical to moving forward. This is an essential element to garnering support from our local communities for this merger. We hope that you will give our business case full consideration.

We look forward to the capacity gains that we anticipate through voluntarily merging. We also anticipate that the merger will result in longstanding financial pressures through the harmonization of wages and other annualized expenses. We, therefore, are requesting provincial commitment to 5 years of funding for local levy harmonization to ensure sustainability of the merger without undue financial pressure on local municipalities and First Nations, as stated in the policy announcement, while you are also undertaking the provincial funding review.

Public health services play a critical function in the health, wellbeing, fairness, and prosperity of our communities and we look forward to continued partnership to strengthening public health.

Sincerely,

Original signed by

David Marshall
Chair, Board of Health
Haliburton, Kawartha, Pine Ridge
District Health Unit

Original signed by

Councillor Joy Lachica
Chair, Board of Health
Peterborough Public Health

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local Members of Provincial Parliament
Local Councils

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Correspondence for Direction - Middlesex-London Health Unit, Recommendation for Provincial and Federal Restrictions on Nicotine Pouches**
DATE:	**April 10, 2024**
PREPARED BY:	**Matt Faris, Acting Manager, Environmental Health**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive correspondence dated March 22, 2024, from Middlesex-London Health Unit (MLHU), regarding their recommendation for provincial and federal restrictions on nicotine pouches, for information; and,
- endorse positions by MLHU and the Windsor Essex County Health Unit, and communicate support for restrictions relating to the retail sale, promotion and minimum age for sale of nicotine pouches and other novel nicotine delivery systems by writing to the federal Minister of Health, with copies to the Ontario Minister of Health, local MPs and MPPs, the Association of Municipalities Ontario, the Ontario Public Health Association, and Ontario Boards of Health.

BACKGROUND

Recognizing that nicotine is a highly addictive drug that poses both short and long-term risks, Peterborough Public Health (PPH) has long been a leader in preventing youth access to commercial tobacco and other novel nicotine delivery systems, including e-cigarettes or ‘vapes’. The City of Peterborough’s smoking bylaw was drafted with input from PPH staff and pre-dates the Smoke-Free Ontario Act (SFOA). This bylaw has been referenced as ‘best practice’ by other local governments in developing their own similar bylaws. PPH’s “Connect-Change-Connect” high school cessation program is designed to help students quit or reduce their nicotine intake and has been adopted and implemented by other boards of health across the province.

PPH provides ongoing community support by ensuring that youth do not have access to tobacco and nicotine vapour products through strict enforcement of the SFOA, including routine ‘undercover’ inspections of all retail facilities that sell tobacco and vape products in Peterborough City and County. PPH also provides local school board educators with the resources and tools needed to educate their students about the risks associated with nicotine.

Moreover, the research is clear:

- Nicotine can harm the developing adolescent brain[1];
- Using nicotine in adolescence can harm the parts of the brain that control attention, learning, mood, and impulse control[2];
- "Functional magnetic imaging studies have shown nicotine exposure during adolescence appears to cause long-term structural and functional changes in the brain"[3]; and,
- "Kids and teens are especially susceptible to the harmful effects of nicotine because brain development continues throughout adolescence and into early adulthood."[4]

The lack of federal and provincial legislation pertaining to the sale of nicotine pouches allows youth to purchase them. These nicotine pouches are often enticingly flavoured and come in bright packaging. These nicotine-containing pouches look similar to the candy they're sold next to, not like the more typical nicotine-containing tobacco, vapes or proven cessation aids. Closing this regulatory gap is necessary to safeguard public health and must be addressed swiftly. Nicotine pouches pose a significant risk for addiction and long-term health consequences, especially among youth and adolescents. Restricting nicotine pouch sales will reinforce the great strides already made to protect youth from the dangers of tobacco and nicotine use, promoting healthier lifestyles and fostering a future generation free from addiction-related burdens.

ATTACHMENTS:

a. MLHU Letter, March 22, 2024

REFERENCES:

[1] Goriounova, N. A., & Mansvelder, H. D. (2012). Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. Cold Spring Harbor perspectives in medicine, 2(12), a012120. https://doi.org/10.1101/cshperspect.a012120

[2] Centre for Disease Control. (2023). Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults, retrieved April 3, 2024 from: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html

[3] Ferrence, R., Chaiton, M., Schwartz, R. Ontario Tobacco Research Unit. (2017). Nicotine: How Does it Affect Health? Retrieved April 3, 2024 from https://www.otru.org/wp-content/uploads/2017/02/update_feb2017.pdf

[4] Health Canada. (2023). Risks of vaping. Retrieved April 3, 2024 from https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html

March 22, 2024

The Honourable Mark Holland
Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

Re: Recommendation for Provincial and Federal Restrictions on Nicotine Pouches

Dear Minister Holland:

The Middlesex-London Health Unit (MLHU), on behalf of Ontario's Southwest Tobacco Control Area Network (SWTCAN), wishes to express our sincere, wholehearted support of Health Canada's recent announcement to address the increasing interest and non-therapeutic use of nicotine-containing products, including nicotine pouches, among youth. This announcement deeply resonates with our shared commitment to safeguard the health and well-being of our communities, and is in line with our support and endorsement of the Windsor-Essex County Board of Health Resolution Report entitled "*Steps Toward Limiting Nicotine Addiction in Youth*", attached as Appendix A. The SWTCAN, comprised of Chatham-Kent Public Health, Grey Bruce Public Health, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, and the Windsor-Essex County Health Unit, applauds Health Canada's determined pursuit of regulatory measures to tackle youth appeal, access, and use of nicotine products.

Currently, the administrative decision by Health Canada to approve Zonnic nicotine pouches for sale under the *Natural Health Products Regulations* has meant that flavoured nicotine pouches are now available for purchase in all kinds of retail settings, primarily convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Other brands of nicotine pouches, including "Zyn" and "KlinT" have found their way to the retail shelves in southwestern Ontario. Large video advertisements and branded display units promote the sale of nicotine pouches in the same retail settings where commercial tobacco and vaping products are available for purchase. The spectrum of available nicotine products is growing as the commercial tobacco and vapour product industry capitalize on gaps in the current regulatory framework.

The rapid emergence of nicotine pouches in the market has meant that provincial governments have had insufficient time to establish their own regulatory frameworks to respond to the sale of these products, with the exception of British Columbia and Quebec. On March 20, 2024, Health Canada issued a public advisory to (a) use authorized nicotine pouches only as directed for quitting smoking, and (b) avoid unapproved nicotine pouches in Canada. As Health Canada works to create a regulatory framework, the SWTCAN continues to express its support for the implementation of federal and provincial regulations targeting the retail sale and promotion of flavored nicotine pouches, and other nicotine-containing products that have not yet been proven effective as cessation aids. Specifically:

- that the federal government takes swift action to close the regulatory gap that permits the sale of nicotine pouches and other nicotine-containing products that have not yet been proven effective as cessation aids to individuals under 18 years of age; and,
- that the provincial government consider taking action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches and other nicotine-containing products under the *Smoke-free Ontario Act, 2017.*

To provide the necessary time for provincial governments to work with Health Canada to respond to this emerging nicotine delivery device, the SWTCAN further recommends that Health Canada reclassify nicotine pouches as a prescription product or enact a suspension and temporary moratorium on the approval and sale of all nicotine pouches until appropriate regulatory measures are in place.

London Office
110-355 Wellington St. | London, ON | N6A 3N7
tel: (519) 663-5317 fax: (519) 663-9581

Strathroy Office
51 Front St. E | Strathroy, ON | N7G 1Y5
tel: (519) 245-3230

Nicotine is a highly addictive substance, with substantial evidence documenting the adverse effect of nicotine on the developing brains of youth and young adults. The Middlesex-London Health Unit and the public health units within SWTCAN remain committed to working collaboratively with our school, municipal, provincial, and federal partners to prevent nicotine dependence, to promote cessation, and to protect communities through the promotion and enforcement of health protective policies.

The Middlesex-London Board of Health reviewed further information, which has been attached to this letter (Report No. 16-24 and Appendix A).

Sincerely,

Matthew Newton-Reid
Board Chair

Dr. Alexander Summers MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams BScN, RN, MBA, CHE
Chief Executive Officer

Cc: Ontario Boards of Health
Hon. Sylvia Jones, Ontario Minister of Health
Arielle Kayabaga, Member of Parliament, London West
Karen Vecchio, Member of Parliament, Elgin-Middlesex-London
Lianne Rood, Member of Parliament, Lambton-Kent-Middlesex
Lindsay Mathyssen, Member of Parliament, London-Fanshawe
Peter Fragiskatos, Member of Parliament, London North Centre
Teresa Armstrong, Member of Provincial Parliament, London-Fanshawe
Hon. Rob Flack, Member of Provincial Parliament, Elgin-Middlesex-London
Terence Kernaghan, Member of Provincial Parliament, London North Centre
Peggy Sattler, Member of Provincial Parliament, London West

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 16-24

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2024 March 21

RECOMMENDATION FOR PROVINCIAL AND FEDERAL RESTRICTIONS ON NICOTINE POUCHES

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 16-24 re: "Recommendation for Provincial and Federal Restrictions on Nicotine Pouches" for information;*
2) *Endorse the Windsor-Essex County Board of Health Resolution Report, attached as Appendix A; and*
3) *Direct staff to submit a letter to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as Appendix B.*

Report Highlights

- Health Canada authorized nicotine pouches containing 4 mg of nicotine under the *Natural Health Products Regulations,* raising concerns nationwide due to their accessibility, marketing, and appeal to youth.
- The Windsor-Essex County Board of Health Resolution Report, attached as Appendix A, calls for swift federal action to curb sales to those under 18 years of age and calls for provincial restrictions on the flavoring, sale, display, and promotion of nicotine pouches under the *Smoke-Free Ontario Act, 2017.*
- Health Unit staff prepared a letter for submission to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as Appendix B, endorsing the Windsor-Essex County Board of Health Resolution Report.

Current Landscape of Nicotine Products in Canada

Nicotine pouches made by Imperial Tobacco Canada Ltd. were officially authorized for sale by Health Canada as a natural health product on July 18, 2023, under the *Natural Health Products Regulations* as nicotine replacement therapy and a smoking cessation aid. Each package contains 10 or 24 pouches, and each pouch contains up to 4 milligrams of nicotine. The amount of nicotine in a cigarette can vary, depending upon the brand (11.9 to 14.5 mg of nicotine); however, those who smoke will only absorb 1 to 1.5 mg of nicotine from a single stick. This means that one pouch may contain nicotine that is the equivalent of up to 4 cigarettes.

The classification of nicotine pouches as a natural health product allowed the pouches to fall beyond the scope of the federal *Tobacco and Vaping Products Act (TVPA*) and the provincial *Smoke-Free Ontario Act (SFOA), 2017*, which regulate the marketing, retail sale and display, and public use of commercial tobacco and vaping products. Presently, in Ontario, nicotine pouches are available for purchase at convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Large video advertisements and branded display units promote the pouches as a quitting aid, while the producers of these products continue to manufacture and market commercial tobacco and vaping products. The spectrum of available nicotine products is growing as the tobacco industry capitalizes on gaps in the current regulatory framework.

Reaction and Regulatory Approaches Across Canada
Due to nicotine's highly addictive nature and its adverse effects on the developing brains of youth and young adults, the approval by Health Canada sparked significant concern among health organizations across Canada. The advertising of nicotine pouches is governed federally; however, where these products can be sold, including age and advertising restrictions at retail, rest with provinces and territories. Youth-friendly advertising, substantial marketing and distribution strategies, and flavoured nicotine products that lack age restriction regulations are a local public health concern. Retailers are reporting that they are challenged to keep the different brands of nicotine pouches and gum produced by the tobacco industry in stock across Middlesex-London, and packaging is being littered in schools and in parks.

Until recently, Québec was the sole Canadian province with a regulatory framework limiting the sale of nicotine replacement therapy products, including nicotine pouches to pharmacies. However, on February 7, 2024, British Columbia enacted regulation to restrict the sale of nicotine pouches to behind the counter at pharmacies, requiring consultation with a pharmacist prior to purchase. At the time of drafting this report, no additional measures have been taken by other provinces.

Next Steps
In January 2024, the Windsor-Essex County Board of Health passed a resolution report, attached as Appendix A, calling for immediate federal and provincial regulatory action. The Resolution Report calls on the federal government to take swift action to address the regulatory gap allowing nicotine pouch sale to individuals under 18 years of age. Furthermore, the resolution calls on the provincial government to regulate the retail sale of nicotine pouches under the *Smoke-free Ontario Act, 2017.* An endorsement letter was prepared by Health unit staff on behalf of the Southwest Tobacco Control Area Network (i.e., the seven public health units in southwestern Ontario), attached as Appendix B. With Board of Health direction, the letter would be submitted to Health Canada and copied to the Ontario Ministry of Health.

This report was prepared by the Social Marketing and Health System Partnerships Team.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Substance Use and Injury Prevention Standard (requirements 2 and 3) as outlined in the *Ontario Public Health Standards*
- The *Tobacco and Vaping Products Act*
- The *Smoke-free Ontario Act, 2017*
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Our public health programs are effective, grounded in evidence and equity.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan and Taking Action for Reconciliation: An Organizational Plan, specifically ensuring the use of culturally appropriate language.

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT

Steps toward Limiting Nicotine Addiction in Youth;

Local, Provincial, and Federal Restrictions on Nicotine Pouches

Date: Thursday, January 18th, 2024

ISSUE/PURPOSE

The recent availability of Nicotine Pouches under the brand name "Zonnic" has triggered widespread concern from health organizations across Canada, including the Canadian Cancer Society, Heart and Stroke, and the Canadian Lung Association, who have issued calls for immediate federal action to regulate their sale to youth (von Stackelberg, 2023). Health Canada has approved the products under their *Natural Health Products* designation as a Nicotine Replacement Therapy (NRT) which can be used to quit smoking. Each package contains either 10 or 24 pouches with each pouch contains up to 4mg of nicotine, the equivalent of up to 2 cigarettes (Marsh, 2023).

Nicotine is highly addictive and has permanent adverse effects on the developing brains of youth and concerns regarding the nicotine pouches are rooted in their marketing and distribution approach being attractive to young people. An approach which includes attractive colours and targeted promotions, fruity flavouring which includes sweeteners, and a lack of regulations which makes it legal for children and youth to purchase these products. The similarities in purpose, advertising, and the range of flavors offered by nicotine pouches relative to the already popular vaping products poses a significant risk of sparking a trend comparable to rapid uptake of vaping amongst youth.

BACKGROUND

Nicotine pouches were approved for sale in Canada on July 18, 2023 as a *Natural Health Product*. The nicotine pouches are currently outside the scope of the federal *Tobacco and Vaping Products Act* (TVPA) and the provincial *Smoke-free Ontario Act (SFOA) 2017* which regulate tobacco and vaping products by restricting their advertisement, display, and public use. As a result, the nicotine pouches are currently being sold at convenience stores and gas stations, placed alongside items such as candy and chips. The pouches are sold in vibrant packaging and various sweet and fruity flavours which are attractive to younger populations.

The recent growth in popularity of vaping products serves as an example of the importance of moving quickly to mitigate the risk of these new products (University of Waterloo & Brock University, 2023). Although research on the health effects of using nicotine pouches is still emerging, the effects of using oral NRTs include mouth ulcers, mouth and throat soreness, and coughing (M. Jackson et al., 2023). For youth and young adults who develop a dependence on nicotine, lasting negative impacts on the cognitive abilities, growth, and development can also occur (Stein et al., 1998; Ren & Lotfipour, 2019). Most concerningly, given the highly addictive nature of nicotine, dependence can lead to further use of vaping product, tobacco products, or other drugs (Leslie, 2020).

The Windsor-Essex County Health Unit (WECHU) has consistently engaged businesses, school administrators, students, parents, and municipalities to inform these groups about the health consequences of tobacco and vaping

and has worked closely with them to develop policies, and enforce provincial regulations pertaining to smoking and vaping in public areas. The WECHU is committed to working closely with these same partners to better understand the best ways to keep residents, in particular young people, safe from these products however, until such time that a regulatory framework is established at the federal and provincial levels it is possible that the uptake of these products in Windsor and Essex County will escalate in a similar manner to vaping products.

PROPOSED MOTION

Whereas, Health Canada has approved Nicotine Pouches for sale under a *Natural Health Product* designation which does not provide restrictions on advertising or sale to minors; and

Whereas, there is no evidence to demonstrate the efficacy of Nicotine pouches as a smoking cessation aid; and

Whereas, the emergence of nicotine pouch products produced by Imperial Tobacco Canada, under the brand name "Zonnic" has occurred rapidly without the same regulations applied to other nicotine products; and

Whereas, the marketing and accessibility of Zonnic Pouches raises concerns regarding its appeal to youth populations; and

Whereas, the Nicotine Pouches fall outside existing provincial regulations on tobacco and vaping products; and

Whereas, there are significant concerns regarding the risks to youth and young adults who do not smoke and parallels between nicotine pouch use and vaping.

Now therefore be it resolved that the Windsor-Essex County Board of Health strongly encourages the federal government to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to people under the age of 18; and

FURTHER THAT, the Windsor-Essex County Board of Health strongly encourages the province of Ontario to take immediate action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches under the provincial *Smoke-free Ontario Act, 2017;* and

FURTHER THAT, the Windsor-Essex County Health Unit works closely with local municipalities to review tobacco/vape-free public place bylaws to include additional nicotine products; and

FURTHER THAT, the Windsor-Essex County Health Unit works closely with local schools and boards to update policies to ensure products like nicotine pouches, and other emerging products that are tobacco or nicotine related are prohibited on school property.

References

Government of Canada, & Health Canada. (2004, July 26). *Natural Health Products Ingredients Database*. Webprod.hc-Sc.gc.ca. https://webprod.hc-sc.gc.ca/nhpid-bdipsn/ingredReq.do?id=1518&lang=eng

Health Canada. (2023, October 17). *Product information*. Health-Products.canada.ca. https://health-products.canada.ca/lnhpd-bdpsnh/info?licence=80125630

Leslie, F. M. (2020). Unique, long-term effects of nicotine on adolescent brain. *Pharmacology Biochemistry and Behavior*, *197*(173010), 173010. https://doi.org/10.1016/j.pbb.2020.173010

M. Jackson, J., Weke, A., & Holliday, R. (2023). Nicotine pouches: a review for the dental team. *British Dental Journal*, *235*(8), 643–646. https://doi.org/10.1038/s41415-023-6383-7

Marina von Stackelberg. (2023, November 15). *National health groups call on Ottawa to prevent sales of nicotine pouches to children*. CBC. https://www.cbc.ca/news/politics/restrictions-nicotine-pouches-1.7028297

Marsh, S. (2023, June 23). How much nicotine is in a cigarette compared to a vape? *The Guardian*. https://www.theguardian.com/society/2023/jun/23/how-much-nicotine-is-in-a-cigarette-compared-to-a-vape#:~:text=Generally%2C%20a%20smoker%20absorbs%20between

OSDUHS. (2021). *The Ontario Student Drug Use and Mental Health Survey (OSDUHS)*. CAMH. https://www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf.pdf

Ren, M., & Lotfipour, S. (2019). Nicotine Gateway Effects on Adolescent Substance Use. *The Western Journal of Emergency Medicine*, *20*(5), 696–709. https://doi.org/10.5811/westjem.2019.7.41661

Stein, E. A., Pankiewicz, J., Harsch, H. H., Cho, J. K., Fuller, S. A., Hoffmann, R. G., Hawkins, M., Rao, S. M., Bandettini, P. A., & Bloom, A. S. (1998). Nicotine-induced limbic cortical activation in the human brain: a functional MRI study. *The American Journal of Psychiatry*, *155*(8), 1009–1015. https://doi.org/10.1176/ajp.155.8.1009

University of Waterloo, & Brock University. (2023). *COMPASS: Windsor-Essex County Health Unit*.

WECHU. (n.d.). *Smoking and Vaping | The Windsor-Essex County Health Unit*. Www.wechu.org. Retrieved December 13, 2023, from https://www.wechu.org/school-health/substance-use/smoking-and-vaping#:~:text=In%20Windsor%2DEssex%2C%204%25

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**April 10, 2024**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health & CEO**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated February 5, 2024 from the Premier to the Board Chair, in response to the Chair's original letter dated January 5, 2024 regarding strengthening public health.

b. Letter dated February 27, 2024 from Minister Bethlenfalvy to the Board Chair, in response to the Chair's original letter dated November 29, 2024 in support of healthy public policy regarding alcohol marketplace and product sales.

c. Email dated March 27, 2024 from the Association of Local Public Health Agencies (alPHa) regarding the 2024 Ontario Budget.

d. Letter dated April 5, 2024 the Association of Local Public Health Agencies (alPHa) to Minister Jones regarding the Chief Medical Officer of Health's 2023 Annual Report.

Premier of Ontario

Premier ministre de l'Ontario

Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1

Édifice de l'Assemblée législative
Queen's Park
Toronto (Ontario)
M7A 1A1

February 5, 2024

Kathryn Wilson
Chair, Board of Health
Peterborough Board of Health
c/o agorizzan@peterboroughpublichealth.ca

Dear Ms. Wilson:

Thank you for writing and sharing your views about the crucial role that local public health agencies play in delivering improved health outcomes. I appreciate the opportunity to read your comments and get a better understanding of your perspective.

The people of Ontario have put their trust in me to get the job done — I do not take that trust for granted. Our government will fulfill its promises and continue working for Ontarians every single day.

I note that you've shared your email with the Honourable Sylvia Jones, Minister of Health, and the Honourable Michael Tibollo, Associate Minister for Mental Health and Addictions. I trust that the ministers, too, will take your comments into consideration.

Your input is important. You can be sure our government will consider it when developing policies and deciding how to address the various challenges we face today. It's with your help and through this collaborative spirit we will build a brighter future for Ontario.

Thanks again for reaching out.

Doug Ford
Premier of Ontario

c: The Honourable Sylvia Jones

The Honourable Michael Tibollo

Ministry of Finance
Office of the Minister
Frost Building S, 7th Floor
7 Queen's Park Crescent
Toronto ON M7A 1Y7
Tel.: 416-325-0400

Ministère des Finances
Bureau du ministre
Édifice Frost Sud 7e étage
7 Queen's Park Crescent
Toronto (Ontario) M7A 1Y7
Tél.: 416-325-0400

Minister of Finance | Ministre des Finances
PETER BETHLENFALVY

880-2023-2148

Councillor Kathryn Wilson
Chair, Board of Health Peterborough

Bernie Maclellan
Chair, Huron Perth Public Health

c/o: Alida Gorzzian, Peterborough Public Health
agorizzan@peterboroughpublichealth.ca

Dear Councillor Wilson and Mr. Maclellan,

Thank you for your email regarding social responsibility in Ontario's alcohol marketplace. I appreciate you taking the time to write.

Since 2018, the government has remained consistently committed to increasing choice and convenience for consumers in the safe and responsible sale of beverage alcohol. The government intends to uphold Ontario's high standard of social responsibility through a safe and responsible implementation to support the expansion of a modernized alcohol marketplace.

The government is providing an additional $10 million over five years in funding to the Ministry of Health to support social responsibility and public health efforts to ensure alcohol continues to be sold and consumed safely in the expanded marketplace.

Ontario maintains rigorous standards for the safe and responsible sale and consumption of alcohol in the province. A modernized alcohol marketplace will maintain the following:

- Minimum drinking age (19 years).
- Minimum retail pricing requirements indexed to inflation.
- Requirements for warning signs (retailers display signs warning of the risk of drinking alcohol in pregnancy).
- Mandatory staff training to help ensure responsible sale and service of alcohol would be required for all new retailers.
- Rigorous standards for licensing and enforcement through the Alcohol and Gaming Commission of Ontario (AGCO).

.../cont'd

Businesses involved in the alcohol sector are regulated by the AGCO, which includes the licensing and compliance oversight of businesses and individuals involved in the sale, service, and delivery of alcohol. All businesses licensed by the AGCO are required to comply with the Liquor Licence and Control Act 2019, its regulations, and the AGCO Registrar's Standards and Requirements.

In the months ahead, the government will continue to consult with industry partners and others on upholding Ontario's high standards of social responsibility.

As we move towards implementing this expansion, the government will be taking a measured approach to ensure the transition to a new marketplace is smooth, safe, and stable.

We take your concerns very seriously around the social responsibility of expanded sales of alcohol, and we appreciate hearing your views on this important issue.

Thank you again for taking the time to write.

Sincerely,

Peter Bethlenfalvy
Minister of Finance

c: Honourable Silva Jones, Deputy Premier and Minister of Health

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa Summary
2024 Ontario Budget:
Building a Better Ontario

The 2024 Ontario Budget was tabled on March 26th, 2024. It is focused on the themes of rebuilding the provincial economy, continuing to build infrastructure; a range of measures related to improving outcomes for workers, including employment opportunities, buffers against cost-of-living increases, and increasing housing stock and affordability; and improving services, which includes the measures related to education and health.

As always, there is a section devoted to health care expenditures, which is where measures related to public health are typically found. This year's budget includes only one mention of public health, and it is specific to Indigenous supports. There is no mention of the ongoing Strengthening Public Health initiative or any of its elements (mergers, OPHS Review, PH Funding Review).

Nevertheless, there are a few points of interest to our members, based on existing positions on a range of public health issues. alPHa has taken note of these and may refer to them in future advocacy (links to related alPHa positions are provided):

- The planned 4.6% increase to levies on alcoholic beverages will not proceed for at least two years (pp. 73-74). (alPHa Positions: Substance Use)
- Investing in Indigenous and Northern Community Supports includes a reference to public health (the only such reference in the entire budget document), with specific commitments to mental health and addictions, vaccination, and prevention-focused activities related to diabetes, chronic diseases, and smoking (p. 89). (alPHa Positions: Determinants of Health).
- Supporting Women's and Children's Health includes a reference to increasing access to the Indigenous Healthy Babies Healthy Children program (p. 89). (alPHa Positions: Early Years).
- Enhancing School Safety includes a reference to providing funding for the installation of "vape detectors" in schools (p. 95). (alPHa Positions: Tobacco, Vape, Cannabis).

Please note that the practice of inviting interested parties to a full budget lockup, which provided access to the complete budget documents at least four hours in advance of the Minister rising to present it in the house, was suspended at the outset of the COVID-19 pandemic. These have not been reinstated, having since been replaced with 30-45-minute, high-level technical briefings. The consequence of this is that we must wait until the documents are public to begin our analysis.

Links to the 2024 Budget documents

- Landing page for the 2024 Ontario Budget is here.
- The full Budget can be read online and downloaded here.
- Budget highlights are here.
- The News Release is here.

Selected Media Coverage: CBC News; Globe and Mail; Toronto Star.

We hope you find this information useful.

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

April 5, 2024

Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: 2023 Chief Medical Officer of Health (CMOH) Annual Report: An All-of-Society Approach to Substance Use and Harms

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, we are writing in response to the Chief Medical Officer of Health's 2023 Annual Report, which addresses substance use and harms and recommends strategies to reduce them.

Public Health has an important mandate in several areas of the Ontario Public Health Standards to reduce harms related to substance use, including activities in chronic disease prevention, injury prevention, social determinants of health and substance abuse prevention and harm reduction. Comprehensive strategies to address the potential harms of substance use can only succeed through a multisectoral combination of interventions: education, early prevention, harm reduction, treatment, and regulation. The CMOH's report strongly supports this approach and suggests specific and evidence-informed policy measures in each of these areas to reduce the rising public health toll of substance use in Ontario.

We are very pleased that Dr. Moore has chosen this as the theme of this year's report, as our members have a long history of highlighting the significant impact of substance use on Ontarians and its burden on public services such as health care and law enforcement. With alPHa as their collective voice, they have endorsed a number of resolutions that are directly connected to the themes of this report. A selection of these is attached, and their connections to the CMOH's observations and recommendations are outlined below.

Resolution A23-02: Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario

This resolution touches upon the ongoing burden of tobacco, with references to the rising prevalence of vaping and cannabis use. It urges the Minister of Health to develop a renewed and comprehensive smoking, vaping, and nicotine strategy, with the support of a multidisciplinary panel of experts, local public health, and people with lived experience. The CMOH outlines the elements of a recommended strategy beginning on page 48.

Resolution A11-1: Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy

This resolution outlines the significant direct and indirect health and economic impacts of alcohol use and asks the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy. The CMOH outlines the elements of a recommended strategy beginning on page 58.

[Resolution A22-4: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.]

This resolution outlines the alarming morbidity, mortality, and societal impacts of the ever-worsening drug toxicity crisis in this province. It calls for a collaborative, well-resourced and comprehensive multi-sectoral approach based on nine priorities identified in the appendix. The CMOH outlines elements of a recommended strategy on page 62.

[Resolution A19-3: Public Health Approach to Drug Policy]

This resolution, which is cited in the CMOH's report among similar positions that support his own recommendation, calls for the decriminalization of the possession of all drugs for personal use, and scaling up prevention, harm reduction and treatment services. These positions support the CMOH's observation that "arresting, charging, and incarcerating people who use drugs have failed as a strategy to reduce harmful opioid use" (p. 61).

[Resolution A19-8, Promoting Resilience through Early Childhood Development Programming]

This resolution is aligned with the CMOH's observations about the upstream interventions that need to be considered to reduce the risk factors that lead to substance abuse and addictions later in life. These interventions "focus on building stronger families and stronger, more connected communities, addressing systemic and structural determinants of health, and improving health equity". Our resolution calls on the province to support investments in early childhood development to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions. It also repeats our ongoing call to adequately fund the Healthy Babies Healthy Children program, which is cited in the CMOH report as an existing public health program that would effectively address some of the early drivers of substance use and addictions with proper investment (p. 31).

[Resolution A22-5: Indigenous Harm Reduction: A Wellness Journey]

This resolution outlines the burden of harm associated with substance use among Indigenous peoples, and calls for the adoption of policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs, as well as additional funding to support Indigenous harm reduction interventions. The CMOH similarly outlines the disproportionate impacts of substances and addictions on Indigenous peoples (p. 25) and recommends decolonizing practices and interventions in favour of Indigenous-centred approaches (p. 33).

We recognize that addressing substance use and its harms is multifaceted and complex and appreciate the CMOH's acknowledgement that it is indeed a "balancing act", where there may be tension among a range of valid interests as interventions are considered. This report recognizes the challenges and is deliberate about including the many societal factors and multiplicity of influential policy drivers that should be considered as part of constructive discussion of a strategic approach.

alPHa would like to thank the Chief Medical Officer of Health Dr. Kieran Moore and his staff for their leadership on key evidence-based strategies to prevent and reduce the harms related to tobacco, alcohol, cannabis, and opioids. As he has clearly stated, this is an all-of-society, health-first issue, and the public health sector plays an important role, but we are just one player. We look forward to playing our part in a comprehensive approach to advancing the aims of this important report through our already mandated efforts and related advocacy.

We look forward to working with you and welcome any questions you may have. Please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Copy: Hon. Doug Ford, Premier of Ontario
Deborah Richardson, Deputy Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

RESOLUTION A23-02

TITLE:	**Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario**
SPONSOR:	**Simcoe Muskoka District Health Unit (SMDHU)**
WHEREAS	commercial tobacco use remains the leading preventable cause of death and disease in Ontario and Canada; and
WHEREAS	the direct and indirect financial costs of tobacco smoking are substantial and were estimated at $7 billion in Cancer Care Ontario and Public Health Ontario's 2019 report The Burden of Chronic Diseases in Ontario; and
WHEREAS	the prevalence of cigarette smoking among Ontarians aged 15 years and older in 2020 was 9.9%, amounting to 1,222,000 people; and
WHEREAS	the commercial tobacco control landscape has become more complex with the rapid rise of vaping among youth, as well as the concerning prevalence of waterpipe and cannabis smoking; and
WHEREAS	the membership previously carried resolution A21-1 proposing policy measures to address youth vaping for implementation at the provincial and federal levels, several of which have yet to be implemented; and
WHEREAS	the membership previously carried resolution A17-5 recommending that the provincial tobacco control strategy be aligned with the tobacco endgame in Canada; and
WHEREAS	Ontario and Canada have made great strides in commercial tobacco control in Ontario, which are now endangered by the lack of a provincial strategy and infrastructure to support its continuation; and
WHEREAS	disproportionate commercial tobacco and nicotine use and associated health burdens exist among certain priority populations;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the Ontario Minister of Health recommending that a renewed and comprehensive smoking, vaping, and nicotine strategy be developed with the support of a multidisciplinary panel of experts, local public health, and people with lived experience;

AND FURTHER that the Association of Local Public Health Agencies recommend that, in the development of a target for such a provincial strategy, the expert panel examine the sufficiency and inclusiveness of Canada's Tobacco Strategy target of less than 5% commercial tobacco use by 2035 with respect to all nicotine delivery products;

AND FURTHER that the Association of Local Public Health Agencies recommend that the pursuit of health equity be foundational to such a provincial strategy;

AND FURTHER that a copy be sent to the Chief Medical Officer of Health of Ontario.

BACKGROUND:

TOWARD A RENEWED COMMERCIAL TOBACCO AND NICOTINE STRATEGY IN ONTARIO

1. Commercial Tobacco

Canada has made great strides in commercial tobacco[1] control, and Ontario has until recent years been a leader among our provinces and territories, having made tremendous progress in decreasing smoking rates and in turn the negative health outcomes of smoking. Smoking prevalence among Canadians and Ontarians 15 years and older have dropped from 25% and 23%, respectively, in 1999 down to around 10% in 2020.[1] This decrease is representative of a remarkable downward trend nationally and provincially that appear to be on track to reach the endgame goal of less than 5% tobacco use by 2035, a target adopted by the federal government in Canada's Tobacco Strategy[2] and previously recommended for adoption in Ontario[3]. The recent Report of the First Legislative Review of the *Tobacco and Vaping Products Act* elaborates on this trend, noting that "declines in the number of young persons who smoke played an important role in declining prevalence rates overall; smoking rates among Canadians aged 15-19 are currently at an all-time low."[4]

However, it is crucial to note that this progress was achieved over decades, with explicit commercial tobacco control strategies in place to guide tobacco control research, policy development, and policy implementation; all this work was also undergirded by a robust infrastructure. Recent examples of progress in the federal policy arena include the implementation of policies around plain and standardized packaging for commercial tobacco products and enhanced package health warnings, as well as a ban on flavours in cigarettes and most cigars. Provincially, Ontario has strengthened its commercial tobacco contraband measures.

While Canada retains a strategy, Ontario is now operating without one—and there is still much work to be done: Tobacco use remains the leading preventable cause of death and disability in Canada,[5,6] killing approximately 48,000 Canadians each year,[2] of which nearly 17,000 are Ontarians.[7] The Ontario Public Health Standards' *Tobacco, Vapour and Smoke Guideline, 2021* states that "[e]very day tobacco kills more Ontarians than alcohol, illegal drugs, accidents, suicides and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer. They are also likely to die younger."[8] The economic burden is similarly immense: While updated data on the economic burden of tobacco use is needed, 2017 data indicated health care costs of $6.1 billion and overall costs of $12.3 billion nationally.[9] In Ontario, a separate report determined the overall annual economic burden of tobacco smoking to be around $7 billion, exceeding that of alcohol consumption, physical inactivity, or unhealthy eating, taken separately.[10]

2. Vaping

The landscape of commercial tobacco and nicotine products has become more complex with the advent of vaping products containing nicotine, which includes electronic cigarettes (e-cigarettes), the primary users of which are youth. Vaping is the "act of inhaling and exhaling an aerosol produced by a vaping product, such as an electronic cigarette."[11] Most vaping devices use electrical power from a battery to heat a liquid solution to produce an aerosol that is breathed in by the user through the mouthpiece. Most vaping liquids contain nicotine, the levels of which range from very low to more than what is found in a typical tobacco cigarette, together with flavouring compounds that are dissolved in a liquid mixture

---

[1] Commercial tobacco is distinct from traditional or ceremonial use of tobacco by Indigenous peoples. In the implementation and enforcement of the *Smoke-Free Ontario Act, 2017*, the Ministry of Health protects the use of tobacco by Indigenous peoples and communities when used for traditional or ceremonial purposes.

composed typically of propylene glycol and/or glycerol (i.e., vegetable glycerin).[11] Some vaping liquids also contain cannabis.[12]

National data from 2021 indicates that 13% of adolescents aged 15 to 19 years and 17% of young adults aged 20 to 24 years in Canada reported having vaped at least once during the 30-day period before the survey, compared with 4% of adults aged 25 or older.[13] Provincially, there has been a meteoric rise in youth vaping rates in recent years: According to the Ontario Student Drug and Health Survey, grade 7–12 students who reported used vaping products in the past year doubled from 11% in 2017 to 23% in 2019, with 13%—representing approximately 105,600 students—vaping weekly or daily.[14] These rates are particularly alarming among students in higher grades: The 2019 survey indicated that 35% of students in grade 12 vaped in the past year, of which 21% were vaping weekly or daily.[14] Moreover, among students who vaped in the past year, those who reported using a nicotine-containing product doubled from 28% in 2017 to 56% in 2019.[14] The more recent 2021 survey noted a decrease of past-year vaping among students to 15%. However, those who reported using a nicotine-containing product increased further to 84%, implying that the overall percentage of students vaping nicotine-containing products remained approximately the same as in 2019. There are several challenges to interpretation of the 2021 survey results. For example, the change to an online mode of questionnaire delivery for 2021 led to dramatically decreased response rates that may impact the provincial representativeness of the results.[15] The report also indicates that "because of the significant changes to the methodology in 2021, caution is warranted when comparing these estimates with those from previous OSDUHS cycles."[15] More broadly, both the COVID-19 pandemic as well as changes to the federal and provincial regulatory and policy environments since 2019 have likely impacted the prevalence of youth vaping; however, longitudinal assessments have been disrupted by the pandemic and therefore the extent of impacts is unknown. Further monitoring, data collection and evaluation is needed to understand the impact of these changes and events on adolescent vaping initiation, escalation, and overall prevalence.

Regardless of the method of delivery, the highly addictive effects of nicotine are fundamentally the same, and may have particularly insidious effects on the developing brains of youth.[16,17] Although vaping products have been advertised in part as a harm reduction and smoking cessation product that may reduce health risks and possibly save lives for people who smoke, with some evidence to support this claim,[18,19] there has been no discernible population-level change in smoking cessation rates since vaping products entered the market.[20] Therefore, any individual-level efficacy of vaping products as a smoking cessation tool does not appear to translate to population-level impact. Furthermore, the vast majority of uptake has been among youth without a smoking history. In fact, among those who reported having vaped in the past 30 days, a majority (61%) of youth aged 15 to 19 and more than one-quarter (27%) of young adults aged 20 to 24 had never tried a tobacco cigarette in their life, which suggests that the majority of youth are not using vaping devices to reduce or quit smoking.[13] Therefore, the current evidence around the benefits of vaping products for the purpose of smoking cessation, while still evolving, is not of relevance to youth. In contrast, the evidence to date around the harms of vaping is becoming increasingly clear; in particular, people who vape but do not smoke are on average around three times more likely than those who do not vape to initiate cigarette smoking,[21,22] lending credence to the concern of a gateway effect. Additional evidence of harms from vaping includes the following:

- A variety of substances known to be toxic, carcinogenic, or cause disease have been identified in vaping products.[23]
- Intentional or accidental exposure to nicotine e-liquids can lead to poisoning, which can be lethal, with a significant number of accidental poisonings occurring in children under the age of six.[21]
- Vaping can cause burns and injuries, which can be lethal.[21]
- Vaping can cause respiratory disease in the form of E-cigarette or Vaping Use-Associated Lung Injury (EVALI).[21]
- Vaping can lead to seizures.[21]

- Vaping products contribute to environmental waste.[21]

Moreover, there are differences between vaping and smoking dependence that may impact attempts to quit, including the greater variability in vaping products compared to cigarettes, the discreteness and convenience of vaping, and the greater social acceptability of vaping among youth.[24] To address the rise of vaping, Ontario has required retail registration with local public health units for sale of flavoured vaping products (except mint-menthol or tobacco flavours), restricted sale of flavoured products (except mint-menthol and tobacco flavours) to specialty vape stores, banned sale of vaping products in several public premises, and banned their use in most public premises, though with notable exceptions such as post-secondary institutions. There are also several promising local and regional campaigns such as "Not an Experiment"[25] aiming to raise awareness among youth, parents, and educators about the risks of vaping. However, more control measures and interventions, as well as evaluation of their effectiveness, are needed to protect youth from the harms of both vaping as well as all future commercial nicotine delivery products.

3. Waterpipe smoking

Also referred to as "shisha" or "hookah", waterpipe smoking involves smoking a heated tobacco or non-tobacco "herbal" product.[26] Its increase in prevalence globally may be explained in part by misconceptions of lesser harm relative to other forms of tobacco smoking, its social nature, and the availability of various flavours and nicotine-free products.[26] However, waterpipe smoking of both tobacco and non-tobacco products results in inhalation of various carcinogens and toxins, and results in similar negative health effects to cigarette smoking.[26] Moreover, while the *Smoke-Free Ontario Act, 2017* prohibits the use of tobacco in waterpipes in restaurants and bar patios, the use of non-tobacco products in waterpipes is still permitted, impacting not only waterpipe smokers but also the public through secondhand and thirdhand smoke.[26]

4. Cannabis smoking

Cannabis, which can be consumed by various means including smoking, vaping, and ingestion, refers to all products derived from the *Cannabis sativa* plant, and can consist of up to approximately 540 different chemical substances, among which the main psychoactive constituent is tetrahydrocannabinol (THC).[27] The federal *Cannabis Act* came into force in October 2018, resulting in legalization and regulation of production, distribution, sale, import, export, and possession of cannabis for adults of legal age.[28] The 2021 Canadian Cannabis Survey indicates that approximately 25% of Canadians have reported using cannabis in the past 12 months, of whom 74% reported smoking as one method of cannabis consumption.[12] In addition to an array of health effects associated with cannabis consumption, smoked cannabis in particular can increase risk of bronchitis, lung infections, and chronic cough.[29] The *Smoke-Free Ontario Act, 2017* prohibits the smoking of cannabis in enclosed workplaces, enclosed public places, and other designated places.

5. Ontario's commercial tobacco and nicotine control landscape

Despite concerted efforts through research and reports providing evidence-informed recommendations towards a "tobacco endgame" culminating in the *Smoke-Free Ontario Modernization* report in 2017,[3] there has been limited incorporation of these recommendations into the province's approach to commercial tobacco and nicotine control.[30] For example, actions to increase the cost of commercial tobacco products through tax and other pricing policies have been limited; Ontario continues to have the second lowest retail price and total tobacco tax for tobacco products in Canada.[31,32] Moreover, among the many programs and services that have been lost during the COVID-19 pandemic, commercial tobacco and nicotine prevention, protection, and cessation programs have been significantly impacted. Indeed, the

broader commercial tobacco control infrastructure in Ontario has declined substantially both before and during the pandemic, a decline that is closely tied to the loss of a provincial strategy. With the loss of the Smoke-Free Ontario Strategy, the following crucial infrastructure has been lost: the Smoking and Health Action Foundation, the Leave the Pack Behind program, the Youth Advocacy Training Institute as well as the associated youth advocacy programming, the Program Training and Consultation Centre, funding to public health units for youth and young adults as staff, Smokers' Helpline telephone counselling, Registered Nurses Association of Ontario special projects for tobacco control, Heart & Stroke Foundation of Ontario mass media campaigns, and provincial mass media campaigns. In addition, provincial funding has been reduced for monitoring, research, and evaluation, which has impacted the activities of organizations such as the Ontario Tobacco Research Unit. Funding from other sources such as NGOs has also been lost for organizations such as the Ontario Campaign for Action on Tobacco. Furthermore, many stakeholder engagement opportunities at the provincial level, such as through the Tobacco Control System Committee, the Youth Prevention Task Force, the Communications and Marketing Advisory Committee, the Protection and Enforcement Task Force, the Research and Evaluation Task Force, the Capacity Building and Training Task Force, and monthly calls between Tobacco Control Area Networks and Ministry staff, have been discontinued. Finally, organizations such as Public Health Ontario have had a reduced focus on commercial tobacco and nicotine as an inevitable consequence of the significant resources that have been committed to combatting the COVID-19 pandemic, although their recent re-engagement in this area is inspiring.

These setbacks are compounded by ongoing inequities in the health impacts of tobacco and nicotine use among certain populations. Smoking is a socioeconomically stratified behaviour, as evidenced by decreasing prevalence rates with increasing education.[33] Disproportionate commercial tobacco and nicotine use and associated health burdens exist among Indigenous populations, members of the LGBTQ2S+ community, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals.[2,9,31,34] Moreover, while reaching less than 5% tobacco use by 2035 may be possible with current strategies, such a target on its own does not sufficiently address this disproportionate burden among these populations. When addressing such health inequities among Indigenous peoples, it is also important to take a culturally safe approach that distinguishes between commercial tobacco use and traditional or ceremonial use of tobacco.

6. Examining the policy options

In late 2022, the Simcoe Muskoka District Health Unit (SMDHU) performed a brief jurisdictional scan focusing on recently implemented commercial tobacco and nicotine control policies (see Appendix A) and explored the grey literature to both identify existing policies at the federal and provincial levels, as well as determine some of the priority areas for action for a renewed smoking and nicotine strategy. SMDHU also conducted a conversation with key informants, the key points of which were summarized through the lens of an adapted version of the World Health Organization's MPOWER framework[2] (see Appendix B).[36]

Given the relative recency of vaping as a phenomenon, evidence is emerging related to the effectiveness of interventions to reduce vaping[23,37–41] as well the cost-effectiveness of doing so.[42] Lessons learned from interventions used to combat commercial tobacco use may also be applied to address vaping.[40] However, evaluation will be needed to confirm effectiveness. There have already been a variety of effective

[2] The World Health Organization Framework Convention on Tobacco Control (FCTC) is a legally binding international health treaty on tobacco control, which 182 countries including Canada have ratified.[35] To help countries reduce demand for tobacco, the WHO developed the MPOWER measures: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.[36]

commercial tobacco and nicotine control interventions implemented in Ontario and other Canadian jurisdictions over the years, but a coordinated, comprehensive, multi-level, evidence-informed, and enduring strategy is needed to achieve the target of less than 5% tobacco use by 2035. Such a strategy would continue to be informed by evidence and focus on the traditional pillars of prevention, cessation, and protection, as well as industry denormalization and engagement of disproportionately impacted groups such as First Nations, Inuit and Métis (FNIM) organizations and communities.[3,9,34,43,44] However, for such a strategy to work, there must be provincial and federal commitments to strong regulations around all alternative methods of nicotine delivery. In particular, the Council of the Chief Medical Officers of Health has recommended a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult who smoke to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

7. Conclusion

Despite significant progress in commercial tobacco control, the health and economic burdens of tobacco-related disease in Canada remain unconscionably high. Moreover, vaping, waterpipe smoking, and cannabis smoking have added further complexity to the smoking and nicotine control landscape that risks undoing the tremendous progress that has been made. A coordinated, comprehensive, and enduring provincial smoking and nicotine control strategy is needed to save lives, protect young minds, reduce health inequities, and save money.

References

1. Reid J, Burkhalter R, Rynard V, Hammond D. Tobacco Use in Canada: Patterns and Trends, 2022 Edition [Internet]. Waterloo, ON: University of Waterloo; 2022. Available from: https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco_use_in_canada_2022_4.pdf

2. Health Canada. Canada's Tobacco Strategy [Internet]. 2018 [cited 2022 Dec 7]. Available from: https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html

3. Smoke-Free Ontario Executive Steering Committee. Smoke-Free Ontario Modernization: Report of the Executive Steering Committee [Internet]. 2017 Aug [cited 2022 Dec 7]. Available from: https://www.simcoemuskokahealth.org/docs/default-source/hu-library/reports/sfo_modernization_esc_report.pdf?sfvrsn=0

4. Health Canada. Report of the First Legislative Review of the Tobacco and Vaping Products Act [Internet]. 2022 Dec [cited 2022 Dec 11]. Available from: https://www.canada.ca/en/health-canada/programs/consultation-legislative-review-tobacco-vaping-products-act/final-report.html

5. Murray CJL, Aravkin AY, Zheng P, Abbafati C, Abbas KM, Abbasi-Kangevari M, et al. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet. 2020 Oct;396(10258):1223–49.

6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Tobacco Monitoring Report 2018 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2019. Available from: https://www.publichealthontario.ca/-/media/documents/T/2019/tobacco-report-2018.pdf

7. Ontario Health and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Toronto, ON: King's Printer for Ontario; 2023.

8. Ontario Ministry of Health. Tobacco, Vapour and Smoke Guideline, 2021 [Internet]. 2021 Jun [cited 2023 Jan 4]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Tobacco_Vapour_and_Smoke_Guideline_2021.pdf

9. Canadian Public Health Association. Tobacco and Vaping Use in Canada: Moving Forward [Internet]. 2021 May. Available from: https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/2021-05-31-tobacco-vaping-e.pdf

10. CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto, ON: Queen's Printer for Ontario; 2019.

11. Health Canada. About vaping [Internet]. 2018 [cited 2023 Jan 4]. Available from: https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html

12. Health Canada. Canadian Cannabis Survey 2021: Summary [Internet]. 2021 [cited 2023 Mar 9]. Available from: https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2021-summary.html

13. Statistics Canada. The Daily — Canadian Tobacco and Nicotine Survey, 2021 [Internet]. 2022 [cited 2022 Dec 7]. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/220505/dq220505c-eng.htm

14. Boak A, Elton-Marshall T, Mann RE, Hamilton HA. Drug use among Ontario students, 1977-2019: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS) [Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2020 [cited 2023 Jan 28]. Available from: http://doi.apa.org/get-pe-doi.cfm?doi=10.1037/e506452014-001

15. Boak A, Elton-Marshall T, Hamilton HA. The Well-Being of Ontario Students: Findings from the 2021 Ontario Student Drug Use and Health Survey [Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2022 [cited 2023 Jan 28]. Available from: https://www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf.pdf

16. U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2016.

17. Lyzwinski LN, Naslund JA, Miller CJ, Eisenberg MJ. Global youth vaping and respiratory health: epidemiology, interventions, and policies. npj Prim Care Respir Med. 2022 Apr 11;32(1):1–10.

18. Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, et al. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews [Internet]. 2022 [cited 2022 Dec 7];(11). Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/full

19. The updated Cochrane review of e-cigarettes — and what it should mean for Canada – Physicians for a Smoke-Free Canada [Internet]. [cited 2022 Dec 7]. Available from: https://smoke-free.ca/the-updated-cochrane-review-of-e-cigarettes-and-what-it-should-mean-for-canada/

20. Hammond D. The Effects of Vaping in Canada. PowerPoint presentation presented at: National Conference on Tobacco and Vaping (OPHA & CPHA)2023; 2023 Feb 9.

21. Banks E, Yazidjoglou A, Brown S, Nguyen M, Martin M, Beckwith K, et al. Electronic cigarettes and health outcomes: systematic review of global evidence. Canberra: National Centre for Epidemiology and Population Health; 2022 Apr.

22. O’Brien D, Long J, Quigley J, Lee C, McCarthy A, Kavanagh P. Association between electronic cigarette use and tobacco cigarette smoking initiation in adolescents: a systematic review and meta-analysis. BMC Public Health. 2021 Jun 3;21:954.

23. Substance Abuse and Mental Health Services Administration (SAMHSA). Reducing Vaping Among Youth and Young Adults. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration; 2020. Report No.: SAMHSA Publication No. PEP20-06-01-003.

24. Sanchez S, Chaiton M. Is vaping dependence like smoking dependence? —A literature review highlighting implications for vaping cessation among youth. Journal of Public Health and Emergency. 2021 Sep 1;5.

25. Simcoe Muskoka District Health Unit. Not An Experiment. 2023 [cited 2023 Jan 26]. Available from: https://www.notanexperiment.ca/

26. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence brief: health impacts of waterpipe smoking and exposure. Toronto, ON: Queen's Printer for Ontario; 2021.

27. U.S. Department of Health and Human Services. Cannabis (Marijuana) and Cannabinoids: What You Need To Know [Internet]. National Center for Complementary and Integrative Health. [cited 2023 Mar 9]. Available from: https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know

28. Health Canada. Taking stock of progress: Cannabis legalization and regulation in Canada [Internet]. 2022 [cited 2023 Mar 9]. Available from: https://www.canada.ca/en/health-canada/programs/engaging-cannabis-legalization-regulation-canada-taking-stock-progress/document.html

29. Health Canada. Health effects of cannabis [Internet]. 2018 [cited 2023 Mar 9]. Available from: https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/effects.html

30. Ontario Ministry of Health. Smoke-Free Ontario: The Next Chapter - 2018 [Internet]. Queen's Printer for Ontario; 2018 Apr. Available from: https://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/SFO_The_Next_Chapter.pdf

31. Ontario Tobacco Research Unit. Smoke-Free Ontario Strategy Monitoring Report [Internet]. Ontario Tobacco Research Unit; 2018 Mar [cited 2022 Dec 15]. Available from: https://otru.org/wp-content/uploads/2018/03/2017_SMR_Full.pdf

32. Physicians for a Smoke-Free Canada. Taxes on cigarettes in Canadian jurisdictions [Internet]. 2023 [cited 2022 Dec 11]. Available from: https://www.smoke-free.ca/SUAP/2020/taxrates.pdf

33. Schwartz R, O'Connor S, Minian N, Borland T, Babayan A, Ferrence R, et al. Evidence to Inform Smoking Cessation Policymaking in Ontario: A Special Report by the Ontario Tobacco Research Unit. Toronto, ON: Ontario Tobacco Research Unit; 2010 Jul.

34. A Tobacco Endgame for Canada: Summit Background Paper [Internet]. 2016 [cited 2022 Dec 7]. Available from: https://www.queensu.ca/gazette/sites/default/files/assets/attachments/EndgameSummit-Backgroundpaper%20.pdf

35. World Health Organization. WHO Framework Convention on Tobacco Control: Parties [Internet]. 2022 [cited 2023 Jan 4]. Available from: https://fctc.who.int/who-fctc/overview/parties

36. World Health Organization. MPOWER [Internet]. 2023 [cited 2023 Jan 4]. Available from: https://www.who.int/initiatives/mpower

37. Graham AL, Amato MS, Cha S, Jacobs MA, Bottcher MM, Papandonatos GD. Effectiveness of a Vaping Cessation Text Message Program Among Young Adult e-Cigarette Users. JAMA Intern Med. 2021 Jul;181(7):923–30.

38. Kelder SH, Mantey DS, Van Dusen D, Case K, Haas A, Springer AE. A Middle School Program to Prevent E-Cigarette Use: A Pilot Study of "CATCH My Breath." Public Health Rep. 2020 Mar;135(2):220–9.

39. Noar SM, Gottfredson NC, Kieu T, Rohde JA, Hall MG, Ma H, et al. Impact of Vaping Prevention Advertisements on US Adolescents: A Randomized Clinical Trial. JAMA Network Open. 2022 Oct 13;5(10):e2236370.

40. O'Connor S, Pelletier H, Bayoumy D, Schwartz R. Interventions to Prevent Harms from Vaping. Toronto ON: Ontario Tobacco Research Unit; 2019 May.

41. Greenhalgh E. 18B.13 Cessation interventions for e-cigarette users. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. Tobacco in Australia: Facts and issues [Internet]. Melbourne: Cancer Council Victoria; 2021 [cited 2022 Dec 19]. Available from: https://www.tobaccoinaustralia.org.au/chapter-18-harm-reduction/indepth-18b-e-cigarettes/18b13-cessation-interventions-for-e-cigarette-users

42. Pound CM, Coyle D. A cost-utility analysis of the impact of electronic nicotine delivery systems on health care costs and outcomes in Canada. Health Promot Chronic Dis Prev Can. 2022 Jan;42(1):29–36.

43. Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017.

44. Tobacco Endgame Cabinet. Getting to less than 5% by 2035: The 2019 Tobacco Endgame Report [Internet]. 2019 [cited 2022 Dec 5]. Available from: https://www.lung.ca/sites/default/files/EndGameReport-final.pdf

45. Public Health Agency of Canada. Statement from the Council of Chief Medical Officers of Health on Nicotine Vaping in Canada [Internet]. 2020 [cited 2022 Dec 7]. Available from: https://www.canada.ca/en/public-health/news/2020/01/statement-from-the-council-of-chief-medical-officers-of-health-on-nicotine-vaping-in-canada.html

46. Physicians for a Smoke-Free Canada. At-a-glance: Provincial restrictions on vaping products [Internet]. 2022 [cited 2022 Dec 11]. Available from: https://www.smoke-free.ca/SUAP/2020/Provincial%20regulations%20on%20vaping%20promotions.pdf

47. Physicians for a Smoke-Free Canada. Tobacco use reduction targets [Internet]. 2021 [cited 2022 Dec 11]. Available from: https://smoke-free.ca/SUAP/2021/targets.pdf

48. Physicians for a Smoke-Free Canada. Timeline of selected regulatory actions on electronic nicotine devices [Internet]. 2022 [cited 2022 Dec 7]. Available from: https://www.smoke-free.ca/SUAP/2020/vaping-regs-timeline.pdf

49. Ministry of Health New Zealand. Smokefree Aotearoa 2025 Action Plan. Wellington; 2021 Dec.

50. Intergovernmental Committee on Drugs. National Tobacco Strategy 2012-2018. Commonwealth of Australia; 2012.

51. Consultation Draft National Tobacco Strategy 2022–2030. Commonwealth of Australia as represented by the Department of Health; 2022.

52. Roadmap to Tobacco-Free Finland: Action Plan on Tobacco Control [Internet]. Helsinki: Ministry of Social Affairs and Health; 2014 [cited 2022 Dec 6]. Available from: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/70305/URN_ISBN_978-952-00-3513-6.pdf

53. California Department of Public Health, California Tobacco Control Program. California Quits Together: Creating a Tobacco-Free Future. Sacramento, CA: California Department of Public Health; 2021.

54. Health Canada. 2021–22 Departmental Plan: Health Canada [Internet]. 2021 [cited 2022 Dec 11]. Available from: https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/report-plans-priorities/2021-2022-report-plans-priorities.html

55. British Columbia Ministry of Health Services. BC's Tobacco Control Strategy: Targeting Our Efforts. 2004 May.

56. British Columbia Ministry of Health Services. Promote, protect, prevent: Our Health Begins Here: BC's Guiding Framework for Public Health. 2013 Mar.

57. The Clean Air Coalition of BC. First to 5% by 2035: Actions recommended to end tobacco-related deaths in BC and achieve the lowest smoking rate in Canada [Internet]. 2018 Jan [cited 2022 Dec 11]. Available from: https://www.cleanaircoalitionbc.com/database/files/library/180119_CAC_report_to_government_Final_V2.pdf

58. Government of Alberta. Creating Tobacco-free Futures: Alberta's Strategy to Prevent and Reduce Tobacco Use, 2012-2022. Alberta Health; 2012 Nov p. 23.

59. Government of Quebec. Stratégie pour un Québec sans tabac 2020-2025. Bibliothèque et Archives nationales du Québec; 2020.

60. New Brunswick Anti-Tobacco Coalition. New Brunswick's Tobacco-Free Living Strategy: A Tobacco and Smoke-Free Province for All 2019-2023 [Internet]. Moncton, NB; 2019 [cited 2022 Dec 11]. Available from: http://nbatc.ca/wp-content/uploads/2019/09/NBATC-STRATEGY-E-FINAL.pdf

61. Nova Scotia Department of Health and Wellness. Moving toward a Tobacco-Free Nova Scotia: Comprehensive Tobacco Control Strategy for Nova Scotia [Internet]. 2011 Apr [cited 2022 Dec 11]. Available from: https://novascotia.ca/dhw/publications/moving-toward-tobacco-free-ns-strategy.pdf

62. Prince Edward Island Department of Health and Wellness. PEI Wellness Strategy [Internet]. 2016 Sep [cited 2022 Dec 11]. Available from: https://www.princeedwardisland.ca/sites/default/files/publications/wellnessstrat.pdf

63. The Newfoundland and Labrador Alliance for the Control of Tobacco. Tobacco and Vaping Reduction Strategy for Newfoundland and Labrador: A plan for Tobacco and Vaping Reduction for all partners working towards health, wellness and equality. St. John's, NL; 2021.

64. Nunavut Ministry of Health and Social Services. Nunavut Tobacco Reduction Framework for Action 2011-2016 [Internet]. 2011 [cited 2022 Dec 6]. Available from: https://www.gov.nu.ca/sites/default/files/files/Nunavut%2520Tobacco%2520Reduction%2520Framework-ENG.pdf

65. Nunavut Department of Justice. Tobacco and Smoking Act - c.20 [Internet]. 2021 [cited 2022 Dec 11]. Available from: https://www.nunavutlegislation.ca/en/statutes/tobacco-and-smoking-act-c20

Appendix A: Jurisdictional Scan of Tobacco and Nicotine Control Policies in Canada

Summary: A jurisdictional scan of Canadian federal, provincial, and territorial tobacco and nicotine control strategies was performed. An array of pre-existing documents[32,46–48] (environmental scans, briefing notes, etc.) produced by Physicians for a Smoke-Free Canada (PSC) cover similar objectives, and therefore constitute a major contribution to this scan. Overall, strategies have continued to focus on efforts surrounding the four pillars of prevention, cessation, protection and denormalization, with varying degrees of emphasis on each. However, the last few years have seen a deceleration in commercial tobacco control efforts, while vaping products have taken the spotlight, particularly following the amendment of the *Tobacco Act* in 2018 to become the *Tobacco and Vaping Products Act* (TVPA).

With respect to commercial tobacco control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- plain and standardized packaging
- enhanced package health warnings
- ban on flavours in cigarettes and most cigars including menthol and cloves
- additional contraband measures in some jurisdictions

With respect to vaping control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- taxes on vaping products
- retail licensing/registration
- minimum age restrictions
- requiring proof of age in stores
- display bans in stores
- restriction to sale in specialty vape stores
- bans on internet sales
- bans on incentives to retailers
- bans on non-tobacco flavours
- bans on various forms of advertisement
- restrictions on nicotine content
- health warnings

There are also plans at the federal level for implementing "reporting requirements that would require vaping product manufacturers to submit information to Health Canada about sales and ingredients used in vaping products."[4]

Limitations: While such a scan would be most useful if it summarized the implementation of the jurisdictional strategies that were identified (in addition to effects of implementation, technical feasibility, political viability, alignment with the Canadian regulatory landscape, etc.), the scan was largely limited to information that could be gleaned from web-based searches of the grey literature. Furthermore, jurisdictions outside of Canada such as New Zealand,[49] Australia,[50,51] Finland[52] and California[53] may provide further insights into tobacco and nicotine control, but were not covered in this scan.

Table A1: Jurisdictional Scan Results

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
Fed	Canada's Tobacco Strategy[2] (2018)	• Supports endgame goal of less than 5% by 2035. • Note: In 2020/2021, Health Canada changed its progress indicator from "percentage of Canadians (aged 15+) who have used any tobacco product in the last 30 days" to "Percentage of Canadians (aged 15+) who are current cigarette smokers."[54]	• Vaping products: ban on ads in stores (except age-restricted stores), display ban, ban on broadcast ads, ban on billboards/outdoor signs, ban on lifestyle ads, ban on sponsorships, ban on youth-appealing ads, health warnings / labelling requirements, restriction on nicotine content (max 20 mg/mL), excise tax, plan to ban all flavours except tobacco and mint-menthol, plan to impose vaping product reporting requirements, compliance and enforcement activities • Tobacco products: Plain and standardized packaging, enhanced package health warnings, ban on flavours in cigarettes and most cigars including menthol and cloves
BC	BC's Tobacco Control Strategy: targeting our efforts[55]	• No endorsement of endgame goal • BC's 2013 Guiding Framework for Public Health[56] targets a reduction of smoking to 10% by 2023. • In the 2018 report First to 5% by 2035[57], the Clean Air Coalition of BC recommended that BC be the first jurisdiction to achieve 5% by 2035, but there is no evidence of endorsement by government.	• Vaping products: tax, retail notification and reporting requirement, sale of flavoured products restricted to specialty vape stores, ban on sale and use in some public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents, second highest level of overall taxation on cigarettes ($15.30 for a 20-pack), highly regarded stop-smoking service model, some exemplary practices in Indigenous stewardship
AB	Creating Tobacco-free Futures: Alberta's Strategy to Prevent and Reduce Tobacco Use 2012-2022[58]	• No endorsement of endgame goal • 10-year targets set for 2022: - Albertans ages 15 and over: 12 % - Albertans ages 12 to 19: 6% - Albertans ages 20 to 24: 20% - Pregnant women in Alberta: 11%	• Vaping products: ban on possession below minimum legal age, ban on sale in some public premises, ban on use in most public premises including outdoor cultural events

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
		- Reduce estimated per capita tobacco sales by 50 per cent to 745 units in 2022.	
SK	No strategic document identified. Public-facing Information available on their Tobacco and Vapour Products webpage.	• No endorsement of endgame goal • The Saskatchewan Coalition for Tobacco Reduction produced a report entitled Protecting our Future: Recommendations to reduce tobacco use in Saskatchewan, but this document does not appear to have been endorsement by government.	• Vaping products: tax, ban on sale and use in some public premises
MB	No strategic document identified. Public-facing information available on their Smoking, Vaping Control & Cessation webpage.	• No endorsement of endgame goal	• Vaping products: ban on sale and use in some public premises
ON	Smoke-Free Ontario: The Next Chapter - 2018[30] Note: This strategy was neither adopted nor implemented by the present government.	• No endorsement of endgame goal • Reduce smoking to 10% by 2023 • Reduce the number of smoking-related deaths by 5,000 each year. • Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including medical cannabis).	• Vaping products: retail registration with local public health unit required for sale of flavoured products (not tobacco or mint-menthol), sale of flavoured products (except tobacco and menthol) restricted to specialty vape stores, ban on sale in several public premises, ban on use in most public premises (post-secondary institutions excluded) • Tobacco products: additional contraband measures
QC	Stratégie pour un Québec sans tabac 2020-2025[59] (see Appendix A for summary English translation)	• No endorsement of endgame goal • Reduce smoking to 10% by 2025.	• Vaping products: retail notification requirement, ban on internet sale and on incentives to vaping product retailers, ban on sale in most public premises, ban on use in many public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents
NB	New Brunswick's Tobacco-Free	• **Supports endgame goal of less than 5% by 2035.**	• Vaping products: retail licensing/registration, ban on all

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	Living Strategy: A Tobacco and Smoke-Free Province for All[60] (2019-2023) was produced by the NB Anti-Tobacco Coalition, funded by the Government of NB.		flavours except tobacco, ban on use in most public premises
NS	Moving toward a Tobacco-Free Nova Scotia: Comprehensive Tobacco Control Strategy for Nova Scotia[61] (2011) Public-facing information available on their Tobacco Free Nova Scotia webpage.	• No endorsement of endgame goal • Decrease tobacco use rates individuals aged 15-19 years to 10%, 20-24 years to 20%, and 25 years and older to 15%.	• Vaping products: retail licensing/registration, tax, ban on all flavours except tobacco, ban on sale and use in most public premises (post-secondary institutions included)
PEI	No strategic document specific to tobacco control identified. Tobacco control is addressed in PEI's Wellness Strategy[62] (2015-2018)	• No endorsement of endgame goal	• Vaping products: Sale restricted to age 21 years and above and only in specialty stores, ban on all flavours except tobacco, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included)
NL	Tobacco and Vaping Reduction Strategy[63] (2021) produced by the Newfoundland and Labrador Alliance for the Control of Tobacco, which is an alliance of government and non-government partners.	• No endorsement of endgame goal Action areas: • Community capacity building • Education and awareness • Healthy public policy • Cessation and treatment services • Research, monitoring and evaluation	• Vaping products: retail licensing/registration, tax, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included) • Highest level of overall taxation on cigarettes ($15.71 for a 20-pack)
YT	No strategic document identified. Public-facing information available on	• No endorsement of endgame goal	• Vaping products: ban on use in many public premises

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	government webpage.		
NWT	No strategic document identified. Public-facing information available on Tobacco Control webpage.	• No endorsement of endgame goal	• Vaping products: ban on all flavours except tobacco, ban on possession below minimum legal age, ban on sale in some public premises, ban on use in many public premises
NU	Nunavut Tobacco Reduction Framework for Action[64] (2011-2016)	• No endorsement of endgame goal • Guiding principles draw from Inuit culture and practices. • Supports a coordinated communications plan using a range of media tools and using both universal and targeted approaches (including youth, pregnant women and their partners, and parents and Elders). • Younger age group is targeted through school and community youth programs because youth initiate tobacco use largely between 8 and 16 years of age.	• Vaping products (per Tobacco and Smoking Act[65], which received Assent on June 8, 2021, but is not anticipated to come into force until 2023): plan to consider vaping product price restrictions, plan to ban incentives to vaping product retailers, plan to ban sale and use in most public premises, plan to ban all flavours except tobacco and any product designed for use as flavouring for any smoking product, plan to make all publicly funding housing smoke-free, plan for biennial reporting requirements for vape retailers

Appendix B: Priorities for a Provincial Smoking and Nicotine Strategy — Key Informant Conversation Summary

To inform the call for a renewed and comprehensive provincial commercial tobacco and nicotine strategy, the Simcoe Muskoka District Health Unit (SMDHU) conducted a conversation on November 17, 2022, with a panel of key informants with extensive experience in commercial tobacco control in Ontario and Canada, in addition to following up individually upon request from some key informants for further discussion. The meeting was framed as an informal discussion around commercial tobacco and nicotine control, using past strategies and reports as a springboard to identify provincial priorities for a renewed commercial tobacco and nicotine strategy, as well as federal priorities to address relevant policy gaps.

Participants included:

- John Atkinson, Executive Director, Ontario Public Health Association
- Cindy Baker-Barill, Smoke-Free Program Manager, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU
- Hillary Buchan-Terrell, Advocacy Manager (Ontario), Canadian Cancer Society
- Cynthia Callard, Executive Director, Physicians for a Smoke-Free Canada
- Vito Chiefari, Manager, Health Protection, Community & Health Services Dept, York Region
- Rob Cunningham, Senior Policy Analyst, Canadian Cancer Society
- Dr. Charles Gardner, Medical Officer of Health and Chief Executive Officer, SMDHU
- Dr. Lesley James, Director, Health Policy & Systems, Heart & Stroke Foundation
- David Neeson, Supervisor, Tobacco and Electronic Cigarette Control Team, Health Protection Division, Community and Health Services, York Region
- Michael Perley, former Director, Ontario Campaign for Action on Tobacco
- Dr. Emil Prikryl, Public Health and Preventive Medicine Resident, NOSM University
- Dr. Steven Rebellato, Vice President, Environmental Health Department, SMDHU
- Dr. Robert Schwartz, Executive Director, Ontario Tobacco Research Unit and Professor, Dalla Lana School of Public Health
- Linda Stobo, Program Manager, Substance Use Program, Healthy Living Division, Middlesex-London Health Unit
- Melissa van Zandvoort, Health Promotion Specialist, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU

While it is our recommendation that the development of a renewed strategy be supported by a multidisciplinary panel of experts, Table B1 frames the priorities identified during the key informant conversation through the lens of an expanded version of the World Health Organization's MPOWER framework (i.e., MPOWER+):

Table B1: Priorities within the MPOWER+ Framework

MPOWER+ Measure	Priorities
Monitor tobacco and vaping use and prevention, cessation and protection/enforcement programs and policies.	• Re-invest in research/monitoring and evaluation to ensure practice and policy decisions are based on evidence. • Continue to explore age restrictions for smoking and vaping.
Protect people from tobacco smoke and e-cigarette aerosol.	• Further expand smoke- and vape-free public places. • Continue to increase access to smoke- and vape-free housing. • Direct focus towards consumer rights to be protected from marketing of nicotine products.
Offer help to quit smoking and vaping.	• Increase subsidization of smoking cessation pharmacotherapy for all residents.
Warn about the dangers of commercial tobacco and vaping products.	• Implement mass media and social marketing campaigns of greater intensity and duration targeted at youth and young adults addressing the real and potential harms of vaping such as its impacts on mental health, addiction, and environmental waste. • Implement mass media and social marketing campaigns of greater intensity and duration targeted at high-risk populations addressing the harms of smoking and the benefits of quitting.
Enforce bans on commercial tobacco and vaping product advertising, promotion and sponsorship.	• Return the focus of nicotine control efforts to the industry through activities such as leveraging litigation opportunities to further denormalize the industry and hold industry accountable for past and future harms to society. • Ban all flavours except tobacco flavour (if not achieved federally). • Restrict availability in brick-and-mortar settings and online access. • Strengthen retail registration and licensing requirements. • Further regulate vaping product design (e.g., plain and standardized packaging for vaping, health warnings). • Intensify tobacco and vaping product advertising promotion and sponsorship bans.

MPOWER+ Measure	Priorities
	• Ensure continued funding for enforcement through the *Smoke-Free Ontario Act, 2017*.
Raise taxes on commercial tobacco and vaping products.	• Implement a tax on vaping products, as well as regulatory fees as a means of cost recovery. • Further increase taxes on combustible tobacco products.
+ **Add** a strong health equity lens by linking commercial tobacco and nicotine control approaches to broader objectives addressing health inequities. **Add** bold interventions as indicated by evidence to further reduce the supply, demand, and access of all current and future industry nicotine delivery systems.	• Address the disproportionate use of commercial tobacco and nicotine use and associated health burdens among Indigenous populations, members of the LGBTQ2S+ community, youth, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals. • Implement recommendations from the Council of Chief Medical Officers of Health to develop a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult smokers to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A11-1

TITLE:	**Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**
SPONSOR:	**Middlesex-London Board of Health**

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a $456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

ACTION FROM CONFERENCE: **Resolution CARRIED**

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa RESOLUTION A22-4

TITLE: **Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario**

SPONSOR: **Council of Ontario Medical Officers of Health (COMOH)**

WHEREAS the ongoing drug/opioid poisoning crisis has affected every part of Ontario, with the COVID-19 pandemic further exacerbating the issue, leading to a 73% increase in deaths from opioid-related toxicity from 2,870 deaths experienced in the 22 months prior to the pandemic (May 2018 to February 2020) to 4,951 deaths in the 22 months of available data since then (March 2020 to December 2021); and

WHEREAS the burden of disease is particularly substantial given the majority of deaths that occurred prior to the pandemic and the increase during the pandemic have been in young adults, in particular those aged 25-44, and the extent of the resulting trauma for families, front line responders, and communities as a whole cannot be overstated; and

WHEREAS the membership previously carried resolution A19-3, asking the federal government to decriminalize the possession of all drugs for personal use based on broad and inclusive consultation, as well as supporting robust prevention, harm reduction and treatment services; and

WHEREAS the membership previously carried resolution A21-2, calling on all organizations and governmental actors to respond to the opioid crisis with the same intensity as they did for the COVID-19 pandemic; and

WHEREAS the Association of Local Public Health Agencies (alPHa) has identified that responding to the opioid crisis is a priority area for local public health recovery in their *Public Health Resilience in Ontario* publication (Executive Summary and Report); and

WHEREAS recognizing that any responses to this crisis must meaningfully involve and be centred-around people who use drugs (PWUDs), inclusive of all backgrounds, and must be founded not only on evidence- and trauma-informed practices but also equity, cultural safety, anti-racism as well as anti-oppression; and

WHEREAS COMOH's Drug / Opioid Poisoning Crisis Working Group has recently identified nine provincial priorities for a robust, multi-sector response that is necessary in response to this crisis (see Appendix A); and

WHEREAS local public health agencies are well positioned, with additional resourcing, to play an enhanced role in local planning, implementation and coordination of the following priority areas: harm reduction, substance use prevention and mental health promotion, analysis, monitoring and reporting of epidemiological data on opioid and other substance-

related harms, health equity and anti-stigma initiatives, efforts towards healthy public policy related to substance use including but not limited to decriminalization, and providing and mobilizing community leadership; and

WHEREAS this work of local public health agencies aligns with the Substance Use and Harm Reduction Guideline (2018) and the Health Equity Guideline (2018) under the Ontario Public Health Standards;

THEREFORE BE IT RESOLVED that alPHa endorse the nine priorities for a provincial multi-sector response;

AND FURTHER that the noted provincial priorities and areas of contribution by local public health agencies be communicated to the Premier, Minister of Health, Associate Minister of Mental Health & Addictions, Attorney General, Minister of Municipal Affairs & Housing, Minister of Children, Community & Social Services, Chief Medical Officer of Health, Chief Executive Officer (CEO) of Ontario Health and CEO of Public Health Ontario;

AND FURTHER that alPHa urge the above mentioned parties to collaborate on an effective, well-resourced and comprehensive multi-sectoral approach, which meaningfully involves and is centred-around PWUDs from of all backgrounds, and is based on the nine identified provincial priorities.

AND FURTHER that alPHa recommend the provincial government consider the potential role and appropriate timing of declaring the drug poisoning crisis in Ontario as an emergency under the Emergency Management and Civil Protection act (R.S.O. 1990).

CARRIED AS AMENDED

Appendix A – Priorities for a Provincial Multi-Sector Response

The following was developed by the Drug / Opioid Poisoning Crisis Working Group of COMOH, and shared with the COMOH membership for review at its general meeting on April 27th, 2022:

1. Create a **multi-sectoral task force**, including people with lived experience of drug use, to guide the development of a robust, integrated provincial drug poisoning crisis response plan. The plan should ensure necessary resourcing, health and social system coordination, policy change, and public reporting on drug-related harms and the progress of the response. An **integrated approach** is essential, to address the overlap between the use of various substances, to integrate aspects of the response such as treatment and harm reduction, and to ensure a common vision for addressing health inequities and preventive opportunities.

2. Expand access to **harm reduction** programs and practices (e.g. Consumption and Treatment Service (CTS) sites, Urgent Public Health Needs Sites (UPHNS), drug checking, addressing inhalation methods as a key route of use and poisonings, and exploring the scale up of safer opioid supply access).

3. Enhance and ensure sustainability of support for substance use **prevention** and mental health promotion initiatives, with a focus from early childhood through to adolescence.

4. Expand the collection, analysis and reporting of timely integrated **epidemiological data** initiatives, to guide resource allocation, frontline programs and services, and inform healthy public policy.

5. Expand access to **treatment** for opioid use disorder, including opioid agonist therapy in a range of settings (e.g., mobile outreach, primary care, emergency departments) and a variety of medication options (including injectable). To support the overall health of PWUDs, also connect with and expand access to care for other substances, for mental illness and trauma as key risk factors for drug use, and for comprehensive medical care for PWUDs.

6. Address the structural **stigma**, discrimination and related harms that create systemic barriers for PWUDs, through re-orienting systems for public health, first responders, health care, and social services, to address service provider and policy-level stigma, normalize services for drug use, and better meet the needs of PWUDs. Also, support community and community leadership conversations to address drug use stigma and its societal consequences.

7. Advocate to and support the Federal government to **decriminalize** personal use and possession of substances, paired with increased investments in health and social services and a focus on health equity at all levels. These efforts aim to address the significant health and social harms of approaches that criminalize PWUDs, including Black, Indigenous and other racialized communities.
8. Acknowledge and address **socioeconomic determinants of health**, **systemic racism**, and their intersections that are risk factors for substance use and substance use disorders, and pose barriers to accessing supports. This includes a need for more affordable and supportive **housing** for PWUDs, and efforts to further address **poverty** and **unemployment/precarious employment**.

9. Provide funding and other supports to enable consistent **community leadership** by PWUDs and by community organizations, including engagement with local drug strategies. People who bring their lived experience should be paid for their knowledge contribution and participation at community tables.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa RESOLUTION A19-3

TITLE: **Public Health Approach to Drug Policy**

SPONSOR: **Toronto Public Health**

WHEREAS governments around the world are considering different approaches to drugs, including the decriminalization of drug use and possession and legal regulation, including here in Canada for non-medical cannabis; and

WHEREAS a growing number of health officials and boards of health are calling for changes to our approach to drugs, especially in the midst of the opioid poisoning crisis in which the contaminated, unregulated supply of illegal drugs is the main contributor to the crisis; and

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs; and

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women and youth; and

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families and communities; and

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships; and

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED that the federal government be urged to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction and treatment services;

AND FURTHER that the federal government convene a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa RESOLUTION A19-8

TITLE: **Promoting Resilience through Early Childhood Development Programming**

SPONSORS: **Northwestern Health Unit**
Thunder Bay District Health Unit
Middlesex-London Health Unit

WHEREAS one in five Canadians are affected by mental illness or an addiction issue every year, and the burden of illness is more than 1.5 times the burden of all cancers and 7 times the burden of all infectious diseases; and

WHEREAS suicide is the second leading cause of mortality among young Canadians aged 10-24 and suicide accounted for 24% of all deaths among youth 15 to 24 years old from 2009-2013; and

WHEREAS there were more than 9,000 deaths in Canada from 2016 to 2018 and more than 1,250 deaths in Ontario in 2017 related to opioids; and

WHEREAS the annual economic burden of mental illness is approximately 51 billion in Canada with a substantial impact on emergency room departments and hospitals; and

WHEREAS 70% of mental health and substance use problems begin in childhood; and adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict and neglect, have been clearly linked to risk for mental illness and addiction later in life; and

WHEREAS programming that enhances the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system and utilization of social services; and

WHEREAS every $1 invested in early childhood development can save $9 in future spending on health, social and justice services; and

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the HBHC program provides home visiting services and home visiting programs have demonstrated effectiveness in enhancing parenting skills and promoting healthy child development in ways that prevent child maltreatment; and

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family relationships, and financial instability and addressing parental mental illness and

substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008 with the exception of increased base funding in 2012 for an increase in public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment; and

WHEREAS fixed costs such as salaries and benefits, travel, supplies, equipment and other operational costs have increased the costs of operating the HBHC program, and

WHEREAS operating the HBHC program with the existing funding has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions;

AND FURTHER that alPHa engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario;

AND FURTHER that the Chief Medical Officer of Health of Ontario, Ontario Public Health Association, Centre for Addictions and Mental Health and other relevant partner agencies be so advised.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa RESOLUTION A22-5

TITLE: **Indigenous Harm Reduction: A Wellness Journey**

SPONSOR: **Haliburton Kawartha Pine Ridge District Health Unit**

WHEREAS The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples. The rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people. There is a gap in readily available Ontario surveillance data specific to alcohol, prescription drug, and other substance misuse in addition to data specific to registered and non-registered status First Nation peoples, Inuit and Metis.

WHEREAS The increased burden of harm associated with substance use among Indigenous peoples can be directly attributed to historical and ongoing colonial violence perpetrated against Indigenous peoples. It is deeply rooted in colonization, disenfranchisement, the Indian residential school system, the 60’s scoop, intergenerational trauma, forced removal from land, and oppression. The health system has been a key tool utilized in the violence against Indigenous peoples, resulting in mistrust in the health system by Indigenous populations. As a result, public health units must adapt and decolonize their approaches when working with Indigenous populations and work alongside communities to develop culturally-based and trauma-informed Indigenous harm reduction strategies.

WHEREAS In 2017 alPHa passed a resolution on the Truth and Reconciliation: Calls to Action. The resolution requested alPHa to modify and reorient public health intervention to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices. Harm Reduction is a public health priority written in the Ontario Public Health Standards and Guidelines.

WHEREAS Inequities of culturally based Indigenous harm reduction, prevention, and treatment exist for Indigenous peoples in Ontario. There is a lack of integrated land-based harm reduction service provision, lack of Indigenous specific safe consumption services, and lack of public awareness and education on Indigenous harm reduction. There are barriers and limited access to local Treatment and Healing Centres across Ontario.

WHEREAS Indigenous Harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community. Evidence suggests that culturally based harm reduction interventions for Indigenous peoples, including access to local Treatment and Healing Centres, are beneficial to help improve functioning in all areas of wellness.

THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies recognize the critical importance of working with Indigenous communities to better understand Indigenous harm reduction and adopt policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs.

AND FURTHER that the Association of Local Public Health Agencies advocate with Indigenous partners to the Minister of Health and other appropriate government bodies for additional funding to support Indigenous harm reduction including additional Indigenous Treatment and Healing Centres.

CARRIED AS AMENDED

alPHa Resolution A22-5 - Backgrounder
Submitted by: Haliburton, Kawartha, Pine Ridge District Health Unit

Backgrounder – Indigenous Harm Reduction: A Wellness Journey

Substance use within Indigenous populations is rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. In 2016, the government of Ontario adopted the Truth and Reconciliation: Calls to action[1]. Call to Action # 19 and #20 speak to the recognition of the right to optimum health regardless of residence, and #21 calls to provide funding for sustainable Healing Centres. In 2017, the Association of Local Public Health Agencies (alPHa) adopted the Truth and Reconciliation recommendations and committed to assisting member boards of health to modify and reorient public health interventions to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices[2].
The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples[3]. In 2019, the rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people[3]. While opioid poisoning data is readily available, there is a need to establish epidemiological surveillance to address other substances such as cannabis, prescription drugs, and alcohol use also impacting the health of Indigenous peoples. Additional data is needed to understand substance use trends among registered and non-registered status First Nation peoples, Inuit, and Metis.
Harm Reduction is a public health priority within the Ontario Public Health Standards and Guidelines[4]. A public health response to the current epidemic of opioid poisonings has been highlighted as a priority as communities work to recover from the COVID-19 pandemic. alPHa Resolution A21-2[5] called on public health to lead and coordinate the response to address the opioid crisis, capitalizing on the momentum of managing the COVID-19 emergency.

In Public Health, harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption. Harm reduction interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms[6].

Emerging substance use trends articulate the need to adopt policy solutions based on evidence-informed harm reduction and treatment practices, eliminating structural stigma, investing in prevention, and declaring the opioid poisoning crisis an emergency[7]. The policy approach is grounded in public health principles.

Indigenous harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community[8]. To this end, it is important that public health units not re-inscribe colonial systems but work with Indigenous communities to understand what harm reduction means for them and establish approaches that are specific to community needs. Indigenous harm reduction is reducing the harms of colonization and colonialism[8]. Evidence supports utilizing land-based service delivery models[9], Wellness Circles[10], and Feather Carriers Wise Practices[11] that involve a wellness journey connected to ceremony, land, water, spirit, community, and family. Healing spaces that offer a wholistic approach with a Traditional Indigenous Healer/Elder/Knowledge Keeper who conducts lands-based teachings, sweat lodge ceremony, traditional healing ceremony, and other culturally appropriate ceremonies and teachings are

key to some Indigenous harm reduction programs[12,13]. In addition, for some communities the use of safe consumption sites supports prevention of overdose and death.

In 2022, Ontario announced the Addictions Recovery fund focused on building quality client centred mental health and addiction system services[14]. Funding was allocated to Northern Rural communities and Indigenous Treatment and Healing Centres were established[15]. Despite increased investment, there are still gaps in access to Treatment and Healing Centres (e.g. Southeastern Ontario) as well as to the broader array of culturally safe harm reduction policies, practices and programs. Barriers such as long waitlists, unclear approval criteria, costs of transportation, and application barriers remain to access current Treatment and Healing Centres.

In addition, there is a lack of awareness and understanding of Indigenous approaches to harm reduction throughout public health in Ontario. By further establishing robust surveillance of substance use harms, adopting Indigenous harm reduction strategies for health promotion, utilizing culturally based education and awareness resources, and working to advocate for equitable access to 'safe consumption sites' and Treatment and Healing Centres, alPHa will support boards of health in working towards the Truth and Reconciliation Calls to Action.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Summary of Peterborough Public Health's Annual Service Plan Submission**
DATE:	**April 10, 2024**
PREPARED BY:	**Hallie Atter, Director, Health Promotion** **Donna Churipuy, Director, Health Protection** **Larry Stinson, Director, Operations**
APPROVED BY:	**Dr. Thomas Piggott, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Peterborough Public Health's Annual Service Plan Submission, for information.

FINANCIAL IMPLICATIONS AND IMPACT

On November 8, 2023, the Board of Health approved a cost-shared 2024 budget for Peterborough Public Health (PPH).

DECISION HISTORY

The Chair of the Board of Health approved the previous Annual Service Plans.

BACKGROUND

This staff report is to advise the Board of Health of program highlights submitted to the Ministry of Health as part of the Annual Service Plan (ASP) submission.

On December 21, 2023, the Ministry circulated the ASP template for cost-shared and 100% funded programs to local public health agencies.

The template is intended to ensure that boards of health provide: population health assessments in program areas and demonstrate how this informed program priorities; program descriptions based on standardized categories within programs; and financial information showing proportion of funding allocation to each program.

The ASP includes a community assessment, which describes community needs and priorities, priority populations, and unique challenges and risks. It also includes a description of how the Foundational Standards will be implemented. This is followed by all current programs which are sorted by their relevance to the remaining program standards within the Ontario Public Health Standards.The template also requires the inclusion of program details including: local

evidence demonstrating need or priority, key stakeholders, objectives, descriptions of the included interventions and locally developed indictors where applicable. The final submission represents a fulsome collaboration between Program Managers.

RATIONALE

PPH is committed to addressing the deepened health inequities arising from the pandemic and increases in cost of living. Stressors on local services (e.g., human resources strains, funding strains) or resources (housing availability, access to employment) are clearly evident. We have begun to identify sources of evidence about the presence and impact of social determinants and use those for planning our programs (e.g., which schools to prioritize for Comprehensive School Health, which neighbourhoods to prioritize for engagement purposes) and in our engagement with local residents and partner organizations.

An equity approach is being incorporated in program operational plans, programs and services as PPH actualizes the vision statement within our new Strategic Plan, "Equity will be in everything we do". The PPH Strategic Plan guided prioritization of programs for 2024. Key areas of program emphasis can be found in the:

- Healthy Growth Development standards with the inclusion of a Nurse Family Partnership and other activities with the objective of reducing adverse childhood experiences and in return reduce chronic diseases and substance use;
- Healthy Environments standards to complete a climate change and health adaptation plan including engagement of Indigenous peoples across the William’s treaty territory in collaboration with Haliburton Kawartha Pine Ridge District Health Unit; and
- Substance Use and Injury Prevention standards with an emphasis on the drug poisoning crisis as well as a Prevention of Youth Substance Use model development

Other priority areas are listed below:

- Update our health-focused Hazard Identification and Risk Assessment (HIRA) to confirm our priorities for action on training, updating our All Hazards emergency response plan documents and sub-plan documents.
- Heightening emergency preparedness through assessment of plans, development of relationships with Food Equity and Food Literacy with a focus on the priority populations identified in strategic plan.
- Food handling training and certification for those providing service to vulnerable or under-served populations.
- Improving immunization coverage through enforcement of the Immunization of School Pupils Act and providing immunization services to residents without a primary care provider.
- Prevention and control of infectious diseases.
- Surveillance, monitoring and inspections of recreational water facilities and Small Drinking Water Systems.

- 24/7 response to adverse water quality reports, health hazards, diseases of public health significance, food safety complaints, and animal bites.
- Comprehensive school health, identifying priority schools using Early Development Instrument (EDI) scores and supporting schools with prioritizing health topics of significance.
- Oral health screening to students in JK, SK, as well as grades 2, 4 and 7 in all schools for both spring and fall of 2024.

As a result of the prioritization, some previous program areas have been deprioritized and activities are not planned. These include:

- Health promotion activities related to the built environment, alcohol, cannabis, injury prevention, physical activity (with the exception within comprehensive school health), sleep, UV exposure (with the exception of tanning beds), vector-borne diseases, and healthy sexuality; and
- Child Visual Health and Vision screening.

STRATEGIC DIRECTION

This report applies to the following strategic direction(s):

- Our Community.
- Our System.

ATTACHMENTS:

a. Annual Service Plan (ASP) 2024 Summary of Expenditures by Standard (Apr. 2/24)

Peterborough Public Health - Annual Service Plan		Apr. 2/24						
Summary of Expenditures by Standard								
Standards	**Total Board of Health**	**Salaries and Wages**	**Benefits**	**Travel**	**Building Occupancy**	**Professional Services**	**Expenditure Recoveries & Offset Revenues**	**Other Program Expenditures**
Direct Costs	**-**	-	-	-	-	-	-	-
Population Health Assessment	**344,778**	237,928	71,997	300	19,945	8,765	-	5,843
Health Equity	**351,134**	242,961	73,520	100	19,945	8,765	-	5,843
Effective Public Health Practice	**477,236**	331,095	102,189	100	26,045	11,447	-	6,360
Emergency Management	**206,826**	141,935	42,950	750	12,123	5,328	-	3,740
Chronic Disease Prevention and Well-Being	**2,117,332**	901,174	276,191	2,900	59,206	640,012	(5,000)	242,849
Food Safety	**641,841**	427,399	129,331	15,100	39,535	17,375	(6,500)	19,601
Healthy Environments	**719,159**	487,092	147,394	2,000	43,793	19,246	-	19,634
Healthy Growth and Development	**896,384**	589,931	178,513	1,500	52,442	26,288	-	47,710
Immunization	**818,210**	545,751	165,145	8,600	56,705	35,640	(31,300)	37,669
Infectious and Communicable Diseases Preventio	**2,178,800**	1,424,081	432,427	13,000	131,874	154,397	(34,500)	57,521
Safe Water	**389,587**	252,654	76,453	12,500	24,359	10,706	-	12,915
School Health	**1,091,303**	688,625	207,295	3,800	81,135	148,461	(100,000)	61,987
Substance Use and Injury Prevention	**1,045,630**	642,121	194,624	10,650	65,705	33,871	-	98,659
Total Direct Costs	**11,278,220**	6,912,747	2,098,029	71,300	632,812	1,120,301	(177,300)	620,331
	-	-	-	-	-	-	-	-
Indirect Costs	**1,572,231**	1,222,794	367,094	4,677	92,159	40,503	(425,006)	270,010
Total Expenditures	**12,850,451**	8,135,541	2,465,123	75,977	724,971	1,160,804	(602,306)	890,341